

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County White
 Civil Dist. 9th
 OR
 Village _____
 OR
 City Sparta (No. _____ St. _____ Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 944
 Primary Registration District No. _____

File No. 25722
 Registered No. 9

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Miss Sallie Goodwin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
 6 DATE OF BIRTH Nov 23, 1890
 (Month) (Day) (Year)

7 AGE 56 yrs. 11 mos. 24 ds. If LESS than I day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Geo. W. Goodwin

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Harriet Peering

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Seals
 (Address) Sparta, Tenn.

15 Filed Nov 20, 1927 A. B. Bradley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 17, 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1927, to Sept 1, 1927, that I last saw her alive on Sept 1, 1927, and that death occurred, on the date stated above, at 7 P.M.
 The CAUSE OF DEATH* was as follows: 31

Pulmonary Tuberculosis
Chronic, Acute
 [Duration] 2 yrs. 0 mos. 0 ds.

Contributory [SECONDARY] not ascertained
 [Duration] _____ yrs. _____ mos. _____ ds.

Signed Edgar C. Hancock M. D.
Nov 22, 1927 Address Sparta, Tenn.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Goodwin Cemetery DATE OF BURIAL Nov 17, 1927

20 UNDERTAKER A. B. Clark ADDRESS Sparta, Tenn.