

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 13th
 OR
 Village DeRossett
 OR
 City (Mrs) Dollie Oshie Broom

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

25723

Registration District No. 945
 Primary Registration District No. 13

File No. 9
 Registered No. 25

2 FULL NAME

(Mrs) Dollie Oshie Broom

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married
 6 DATE OF BIRTH Dec. 11, 1907
 (month) (Day) (Year)

7 AGE 19 yrs. 0 mos. 0 ds. If LESS than 1 day, 0 hrs. or 0 min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Bob Cooley

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Monnie Clemons

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] J. L. Broom
 [Address] DeRossett, Tenn

15 Filed 1927 Mary L Cameron REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 15, 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1927 to Nov 14, 1927, that I last saw her alive on Nov. 11, 1927 and that death occurred, on the date stated above, at 9:45 AM

THE CAUSE OF DEATH was as follows:
Pulmonary Tuberculosis. Chronic active for advanced - 31
 [Duration] 2 yrs. 0 mos. 0 ds.

Contributory [SECONDARY] [Duration] 0 yrs. 0 mos. 0 ds.

Signed Edgar T. Hawkins M. D. Nov. 15, 1927 Address Sparta Tenn

* State the DISEASE CAUSING DEATH, etc., 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 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Old Bonair DATE OF BURIAL Nov. 16, 1927

20 UNDERTAKER C. B. Clark ADDRESS Sparta Tenn