

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. #1

OR

Village Sparta. #1

OR

City (No. , St.; Ward)

2 FULL NAME Hilary Wennett

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 941

Primary Registration District No. 1

File No. 28585

Registered No. 64

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH June 10 1883
(Month) (Day) (Year)

7 AGE 44 yrs. 6 mos. 2 ds.
If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER [State or country] , , , ,

12 MAIDEN NAME OF MOTHER Bicie Wennett

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Mrs. Hilary Wennett
[Address] Sparta. #4

15
Filed 1/5 1928 A. G. Richardson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 12 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Dec 9 1927 1927 to Dec 12 1927, that I last saw him alive on Dec 12 1927 and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
Bilateral Lobular Pneumonia 1000

[Duration] yrs. mos. 12 ds.

Contributory [SECONDARY] 3 fractures causing collapse
[Duration] yrs. mos. ds.

Signed Edgar G. Hawkins M. D.
Dec 15 1927 Address Sparta

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 Black Oak Cemetery DATE OF BURIAL 12/13 1927

20 UNDERTAKER H. B. Nutter ADDRESS Sparta