

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  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 941 File No. 28587  
 Primary Registration District No. 1 Registered No. 61

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

2 FULL NAME Bell Jones

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE col 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow  
 (Write the word)

6 DATE OF BIRTH unknown  
 (Month) (Day) (Year)

7 AGE about 64 yrs. - mos. - ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Tom Glenn

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Ellen Snodgrass

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,  
 [Informant] Mrs. Maed Cummings

[Address] Sparta Tenn

15 Filed 12/24/27 A. B. Richerson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 21 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 1925 to 1926

that I last saw her alive on Sometime 1926 and that death occurred, on the date stated above, at 8 P M

The CAUSE OF DEATH\* was as follows:  
Mitral heart 90  
disease  
I had not visited her for almost one year  
 [Duration] yrs. mos. ds.

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

Signed A. E. Fairies M. D.  
12 26 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.

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 Phum Creek County DATE OF BURIAL 12/22 1927

20 UNDERTAKER A. B. Hunter ADDRESS Sparta