

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)  
 Registration District No. 941  
 Primary Registration District No. \_\_\_\_\_  
 File No. \_\_\_\_\_  
 Registered No. 62  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Willie E Steel

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

28588

CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) \_\_\_\_\_  
 6 DATE OF BIRTH Aug 23 1927  
 (Month) (Day) (Year)  
 7 AGE 3 mos. 28 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
 8 OCCUPATION \_\_\_\_\_  
 (a) Trade, profession, or particular kind of work.  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 9 BIRTHPLACE (State or country) Tennessee  
 10 NAME OF FATHER unknawn  
 11 BIRTHPLACE OF FATHER [State or country] \_\_\_\_\_  
 12 MAIDEN NAME OF MOTHER Ethel Steel  
 13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Jay Steel  
Sparta  
 [Address] \_\_\_\_\_  
 15  
 Filed 12/24 1927 A. G. Richards  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 21 1927  
 [Month] [Day] [Year]  
 17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1927, to \_\_\_\_\_, 1927.  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 1927  
 and that death occurred, on the date stated above, at 5 AM  
 The CAUSE OF DEATH\* was as follows:  
no doctor seen  
sudden  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed \_\_\_\_\_ M. D.  
 \_\_\_\_\_ 1927 Address \_\_\_\_\_

\* 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 Highland Cem DATE OF BURIAL 12/22 1927  
 20 UNDERTAKER A. B. Hunter ADDRESS Sparta