

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. 6  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH  
 28589  
 Registration District No. 49406  
 Primary Registration District No. \_\_\_\_\_  
 File No. \_\_\_\_\_  
 Registered No. 13  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Edwina Sims

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 (Write the word)

6 DATE OF BIRTH Sep. 24 1927  
 (Month) (Day) (Year)

7 AGE 2 yrs. 10 mos. 10 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) White Co

PARENTS

10 NAME OF FATHER Brown Sims

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

12 MAIDEN NAME OF MOTHER Ollie Wagoner

13 BIRTHPLACE OF MOTHER [State or country] Idaho

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Frank Sims  
 [Address] Sparta, R.#. 5.

15 Filed \_\_\_\_\_ 192 \_\_\_\_\_  
Mrs. S. K. Welf  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 4 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 192 \_\_\_\_\_ to \_\_\_\_\_ 192 \_\_\_\_\_, that I last saw him alive on \_\_\_\_\_ 192 \_\_\_\_\_ and that death occurred, on the date stated above, at \_\_\_\_\_ M The CAUSE OF DEATH\* was as follows: 2056  
Found dead in bed  
no dr.  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed \_\_\_\_\_ M. D.  
 \_\_\_\_\_ 192 \_\_\_\_\_ Address \_\_\_\_\_

\* 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 Corinth Cemetery DATE OF BURIAL Dec. 4 1927  
 20 UNDERTAKER Frank Martin ADDRESS Sparta, R.#. 5.