

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. 9
 OR
 Village _____
 OR
 City Cookeville (No. R.S., _____ St.; _____ Ward)
 2 FULL NAME Noomi Wilhite

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 28590
 Registration District No. 944
 Primary Registration District No. _____
 File No. _____
 Registered No. 12
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ 1 _____
 (Month) (Day) (Year)

7 AGE about 20 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER William Lee
 11 BIRTHPLACE OF FATHER [State or country] Tennessee
 12 MAIDEN NAME OF MOTHER Ora Bray
 13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mrs. S. C. Huddleston
 [Address] Cookeville Tenn.

15 Dec 15 1927 Al Bradley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 8 1927
 [Month] [Day] [Year]

17 HEREBY CERTIFY, That I attended deceased from Oct 26 1927 to Dec 8 1927, that I last saw her alive on Dec 8 1927 and that death occurred, on the date stated above, at 2 P. M.
 The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
Chronic form
 [Duration] 2 yrs. _____ mos. _____ ds.
 Contributor [SECONDARY] Edgar C. Huddleston M.D.
 [Duration] _____ yrs. _____ mos. _____ ds.
 Signed Edgar C. Huddleston M.D. M. D.
Dec 12 1927 Address Spartanburg

* State the DISEASE CAUSING DEATH, as 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 First Cemetery DATE OF BURIAL December 10 1927
 20 UNDERTAKER J. H. Watson & Co. ADDRESS Cookeville Tenn.