

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 Sparta #1
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

28591

CERTIFICATE OF DEATH

Registration District No. 444
 Primary Registration District No. _____

File No. _____
 Registered No. 11

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

2 FULL NAME Hazel Kuddleston

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 1 1924
 (Month) (Day) (Year)

7 AGE 3 yrs. 4 mos. 25 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Fred Kuddleston

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Parzetta Pendergrass

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Fred Kuddleston

[Address] Sparta #1

15 Dec 28 1927 A. A. Bradley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 26 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 1927 to Dec 28 1927, that I last saw her live on Dec 23 1927 and that death occurred, on the date stated above, at 12:40 AM

The CAUSE OF DEATH* was as follows: 34 Tubercular Meningitis

[Duration] yrs. mos. ds. 13 ds.
 Contributory [SECONDARY] J. B. J. Spinn

Signed A. A. Bradley M. D.
Dec 27 1927 Address Cookeville R 5

* 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 Dyer Cemetery DATE OF BURIAL 12/26 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta