

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. #3
 OR
 Village Doyle.#1
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

28592

File No. 5

Registered No. 5

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

2 FULL NAME Linnie.Norris

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 28 1879
 (Month) (Day) (Year)

7 AGE 48 yrs. 2 mos. 28 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 Richard.Green

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Adeline.Copeland

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] John.Green

[Address] Sparta.#2

15 Filed Jan 7, 1928 Mr J B Spurr
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from 12-26 1927 to _____, 1927, that I last saw h_____ alive on _____, 1927, and that death occurred, on the date stated above, at 4 PM
 The CAUSE OF DEATH* was as follows:

acute Dilatation of Heart
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY]

[Duration] _____ yrs. _____ mos. _____ ds.

Signed H B Cusbran M. D.
12-27-27 Address Doyle 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 Green.Wood.Cemetrey DATE OF BURIAL 12/27 1927

20 UNDERTAKER H B Hunter ADDRESS Sparta