

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
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 943 File No. 28503
 Primary Registration District No. _____ Registered No. 3
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Anna Elizabeth Kerr

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb. 8, 1911
 (Month) (Day) (Year)

7 AGE 16 yrs. 10 mos. 23 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Keeper of Home
 (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 _____
 11 BIRTHPLACE OF FATHER (State or country) James Moore
 12 MAIDEN NAME OF MOTHER Lilla Woodward
 13 BIRTHPLACE OF MOTHER (State or country) White Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] J. B. Spurrman
 [Address] _____

15 Filed Jan 7, 1928 Mrs J B Spurrman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 31, 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 12-30-1927 to 12-31-1927, that I last saw h_____ alive on 12-31-1927 and that death occurred, on the date stated above, at 11 AM

The CAUSE OF DEATH* was as follows: 14.8
Eclampsia
Child Birth
 [Duration] yrs. mos. ds.

Contributory [SECONDARY] _____
 [Duration] yrs. mos. ds.
 Signed H B Ainsman M. D.
12-31-1927 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. 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 Greenwood DATE OF BURIAL Jan 2, 1928
 20 UNDERTAKER W. W. Angel ADDRESS Doyle