

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			STATE OF TENNESSEE		
County <u>White</u>			STATE BOARD OF HEALTH		
Civil Dist. <u>4th</u>			Bureau of Vital Statistics		
OR			CERTIFICATE OF DEATH		
Village <u>Walling</u>			Registration District No. _____		
OR			Primary Registration District No. _____		
City <u>Sum</u> (No. _____) St.; _____ Ward _____			File No. <u>28595</u>		
2 FULL NAME <u>Mary Talch</u>			Registered No. <u>2</u>		
[If death occurred in a hospital or institution, give its NAME instead of street and number.]					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>7</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	16 DATE OF DEATH: <u>Dec 31</u> 19 <u>27</u> [Month] [Day] [Year]		
6 DATE OF BIRTH: <u>May 10</u> [Month] [Day] [Year]			17 I HEREBY CERTIFY, That I attended deceased from _____ 19 <u>27</u> to <u>Dec 31</u> , 19 <u>27</u> , that I last saw h. _____ alive on <u>Dec 31</u> , 19 <u>27</u> and that death occurred, on the date stated above, at _____ M The CAUSE OF DEATH* was as follows: <u>106a</u> <u>Double Pneumonia (Labor)</u> [Duration] _____ yrs. _____ mos. _____ ds.		
7 AGE <u>57</u> yrs. <u>7</u> mos. <u>21</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?			Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Signed <u>E. L. Monahan</u> M. D. Address <u>Boat Island</u>		
9 BIRTHPLACE (State or country) <u>Sum</u>			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
10 NAME OF FATHER <u>Frank Passon</u>			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 _____		
11 BIRTHPLACE OF FATHER [State or country] <u>Sum</u>			19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL <u>Family Cem Jan 2 1928</u>		
12 MARDEN NAME OF MOTHER <u>Olle McCormick</u>			20 UNDERTAKER ADDRESS <u>White Whig McMillan</u>		
13 BIRTHPLACE OF MOTHER [State or country] <u>Sum</u>					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
[Informant] <u>C. E. Clark</u>					
[Address] <u>Walling Sum</u>					
15 Filed <u>Jan 3 28</u> <u>Mrs J. B. Spartman</u> REGISTRAR					