

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

28918

## 1 PLACE OF DEATH

County WhiteCivil Dist. # IIOR  
Village Sparta # 8OR  
City (No. , St.; Ward)Registration District No. 49461Primary Registration District No. 11

File No. \_\_\_\_\_

Registered No. 3

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

2 FULL NAME Mertie Sims Little

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)6 DATE OF BIRTH Oct 9 1887 1 (Year)  
(Month) (Day)7 AGE 40 yrs. I mos. 17 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION (a) Trade, profession, or particular kind of work House Wife on Farm  
(b) General nature of industry, business, or establishment in which employed (or employer): \_\_\_\_\_9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Stanton Sims11 BIRTHPLACE OF FATHER [State or country] Tennessee12 MAIDEN NAME OF MOTHER Mary Lee Matcalf13 BIRTHPLACE OF MOTHER [State or country] Tennessee14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Mrs. R. L. Little[Address] Sparta, Tenn.15 Filed July 20 1928 Mrs. Popper Cooper  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 26 1927 191  
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from Nov 20 1927 to Nov 26 1927, that I last saw her alive on Nov 26 1927and that death occurred, on the date stated above, at 9 P M

The CAUSE OF DEATH\* was as follows:

Acute Myocarditis109 b

[Duration] yrs. mos. ds.

Contributory Tonsillitis  
[SECONDARY]

[Duration] yrs. mos. ds.

Signed A E Gaines M. D.Dec 1 1927 Address A E Gaines

\* 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 Plum. Creek Cemetery DATE OF BURIAL II/27 192720 UNDERTAKER W B Hunter ADDRESS SpartaMARGIN RESERVED FOR BINDING  
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.