

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# II  
 OR  
 Village Sparta.#8  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics **28919**

CERTIFICATE OF DEATH

Registration District No. 49411 File No. \_\_\_\_\_  
 Primary Registration District No. 11 Registered No. 1

2 FULL NAME Lizzie Millican

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

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 April 16 1848  
 (Month) (Day) (Year)

7 AGE 79 yrs. 8 mos. 25 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) Tennessee

10 NAME OF FATHER Joseph Johnson

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Mary Horges

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Perry E. Officer

[Address] Sparta.#8

15

Filed Jan 11 1928 Mrs. Rayn Cape REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1927 to Dec, 1927, that I last saw her alive on Dec 9, 1927 and that death occurred, on the date stated above, at 1 AM

The CAUSE OF DEATH\* was as follows: Influenza 116

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed Vernon Hutton M. D. Dec. 14 1927 Address Ramsey

\* 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? Farmer or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Johnson, Cemetry 12/12 1927

20 UNDERTAKER ADDRESS H B Hunter Sparta