

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. 11
 OR
 Village Sparta # 2
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

28920

CERTIFICATE OF DEATH

Registration District No. 49411
 Primary Registration District No. 11

File No. _____

Registered No. 2

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

2 FULL NAME Alice S. Sims

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 1, 1884
 (Month) (Day) (Year)

7 AGE 43 yrs. 7 mos. 26 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 Frank P. Sims

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Rebecca Thurson

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mrs. O. Va. England
 [Address] Sparta # 1

15 Filed Jan 20, 1928 Mrs. Rogers Coc
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 27, 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov 1927 to Dec 22, 1927 that I last saw him alive on Dec 22, 1927 and that death occurred, on the date stated above, at 424

The CAUSE OF DEATH* was as follows:
Cancer of Urinary Bladder, Prostate and probably General Metastases
 [Duration] yrs. mos. ds.

Contributor None in Urinary Bladder
 [SECONDARY] [Duration] yrs. mos. ds.

Signed Edgar A. Hawkins M. D.
Jan 27, 1928 Address Sparta, 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 Plum Creek, Tenn. DATE OF BURIAL 12/27 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta