

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 *9409* STATE OF TENNESSEE  
 County *White CO* STATE DEPARTMENT OF HEALTH  
 Civil Dis. *9th* 9409 Division of Vital Statistics  
 Village \_\_\_\_\_ CERTIFICATE OF DEATH  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_) File No. \_\_\_\_\_  
 Length of residence in city or town where death occurred *65* yrs. (If death occurred in a hospital or institution, give its NAME, number of street and number) No. \_\_\_\_\_ St. \_\_\_\_\_  
 2. FULL NAME *Fannie Crosby* (If ever long in U. S. & of foreign birth? *80* yrs. No. \_\_\_\_\_) Reg. No. *7*  
 (a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If apartment give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*  
 4. COLOR OR RACE *White*  
 5. SINGLE, WIDOWED, WIDOWED, NON-DIVORCED (Write the word) *Widowed*  
 6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Crosby*  
 7. DATE OF BIRTH (month, day, and year) *Jan 15, 1849*  
 8. AGE Years *86* Months *5* Days *1* If born (month, day, and year) *1 day, 1849*  
 9. Trade, profession, or particular kind of work done, as printer, lawyer, bookkeeper, etc. *Housekeeper*  
 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housekeeper*  
 11. Date deceased last worked of this occupation (month and year) *all years* 11. Total time (years, month, and day) spent in this occupation *all of life*  
 12. BIRTHPLACE (city or town) (State or country) *Cutman CO*  
 13. NAME *Joshaway Brown*  
 14. BIRTHPLACE (city or town) (State or country) *North Carolina*  
 15. MOTHER NAME *Fannie Howard*  
 16. BIRTHPLACE (city or town) (State or country) *North Carolina*  
 17. INFORMANT *F. J. Crosby*  
 (Address) *Shasta Tennessee*  
 18. SPECIAL CREMATION OR REMOVAL PLACE *Howard Chapel June 17, 1935*  
 19. UNDERTAKER *G. M. Gifford*  
 (Address) *Shasta Tennessee*  
 20. FILED *July 25 1936* *A. A. Bradley*  
 (Address) *Cookeville Tenn. R.F.D. 4*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *June 16, 1935*  
 22. I HEREBY CERTIFY, That I attended (absent from) *June 1, 1935* to *June 16, 1935*  
 I last saw her alive on *June 14, 1935*. Death is said to have occurred at the date stated above, at *7:40* a.m.  
 The principal cause of death and related causes of importance in order of their importance as follows:  
*Bronche Pneumonia*  
 Contributory causes of importance not related to principal cause: *HA*  
 Name of physician \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (injury) list in also the following:  
 Accident, violence, or suicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Briefly whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of decedent? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) *A. A. Bradley*  
 (Address) *Cookeville Tenn. R.F.D. 4*