

MARGIN 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.

1 PLACE OF DEATH **STATE OF TENNESSEE** 346
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 County *White*
 Civil Dist. *9* Registration District No. *944*
 Village *Crossville* Primary Registration District No. _____
 City _____ (No. _____ St.; _____ Ward) File No. _____
 Registered No. *2*
 2 FULL NAME *Harrett Goodwin* [If death occurred in 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 *Widowed*
 6 DATE OF BIRTH *May 12 1883*
 7 AGE *31* yrs. *3* mos. *7* ds. If LESS than 1 day, hrs. or min.?
 8 OCCUPATION *House work*
 9 BIRTHPLACE *Tennessee*
 PARENTS
 10 NAME OF FATHER *Richard Beerley*
 11 BIRTHPLACE OF FATHER *N.C.*
 12 MAIDEN NAME OF MOTHER *Sarah Grant*
 13 BIRTHPLACE OF MOTHER *N.C.*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *July 19 1924*
 17 I HEREBY CERTIFY, That I attended deceased from *Jan 17 1924* to *Jan 18 1924*, that I last saw him alive on *Jan 17 1924* and that death occurred, on the date stated above, at _____ M.
 The CAUSE OF DEATH* was as follows:
Cerebral Apoplexy
 Contributory _____
 Signed *A. A. Bradley* M.D.
Jan 20 1924—Address *Crossville*
 *State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] *Ray Monroe Seal*
 [Address] *Crossville, Tenn.*
 15 *Jan 20 1924* A. A. Bradley

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Goodwin Cemetery *1/20 1924*
 20 UNDERTAKER ADDRESS
H. B. Wamble *Sparks*