

County White

STATE BOARD OF HEALTH

Bureau of Vital Statistics

Civil Dist. 6

## CERTIFICATE OF DEATH

Village Sparta #6Registration District No. 19406

File No.

City \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. R2 FULL NAME Mary Harris

If death occurred in a hospital or institution give the NAME instead of street and number.

## 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 \_\_\_\_\_  
(Month) (Day) (Year)7 AGE about 15 yrs. - mos. - ds. or \_\_\_\_\_ min.?  
IF LESS than 1 day, \_\_\_\_\_ hrs.8 OCCUPATION  
(A) Trade, profession, or particular line of work. House work  
(B) General nature of industry, business, or establishment in which employed (or employee). on Farm9 BIRTHPLACE \_\_\_\_\_  
(State or country) Tenn10 NAME OF FATHER John Atrip11 BIRTHPLACE OF FATHER \_\_\_\_\_  
[State or country] Tenn12 MAIDEN NAME OF MOTHER Don't Know13 BIRTHPLACE OF MOTHER \_\_\_\_\_  
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] R R Cantrell[Address] Sparta #615 \_\_\_\_\_  
[Name] Mrs. C. K. Ward

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 15 1923  
13 1923 to 14 1923  
(Month) (Day) (Year)17 WHEREBY CERTIFY, That I attended deceased from 13 1923 to 14 1923  
13 1923 to 14 1923  
that I last saw her alive on 14 1923and that death occurred, on the date stated above, at \_\_\_\_\_  
The CAUSE OF DEATH\* was as follows: FluContributory (SECONDARY) \_\_\_\_\_  
(Duration) yrs. mos. ds.Signed J. D. Davis  
17 1923 at 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. State \_\_\_\_\_ yrs. mos. ds.  
Where was disease contracted, if not at place of death?  
Farmer or rural residence \_\_\_\_\_19 PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_  
Leeds Macon County 17 192320 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
R R Cantrell Sparta

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully spelled. 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.

MARGIN RESERVED FOR BINDING