

1 PLACE OF DEATH

County White
 Civil Dist. 7
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 49407
 Primary Registration District No. _____

25739

File No. 3

Registered No. _____

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

2 FULL NAME Ellie Margaret Howard

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 75 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work House Keeper
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) White Co

10 NAME OF FATHER Tomie Price

11 BIRTHPLACE OF FATHER (State or country) White Co

12 MAIDEN NAME OF MOTHER Rosie Price

13 BIRTHPLACE OF MOTHER (State or country) White Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] J. C. Howell

[Address] Sparta Tenn. 37177

15 [Signature] J. C. Howell

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 11 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 24 1924 to April 4 1925, that I last saw her alive on April 4 1925 and that death occurred, on the date stated above, at 2 AM. The CAUSE OF DEATH* was as follows: 74 a

Stroke of Paralysis
had stroke 2 yrs ago had
severe stroke [Duration] 2 yrs. _____ mos. _____ ds.
after wards
 Contributory [secondary]

[Duration] _____ yrs. _____ mos. _____ ds.
 Signed _____
Oct 11 1924 Address 212 Sparks 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 Howard Cemetery DATE OF BURIAL Oct 11 1924

20 UNDERTAKER W. B. ... ADDRESS Sparta

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.