

N. B.—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					STATE OF TENNESSEE		COPY
County .....					STATE DEPARTMENT OF HEALTH		
Civil Dis. ....					Division of Vital Statistics		
Village .....					CERTIFICATE OF DEATH		
or					Registration District No. ....		File No. <b>1239</b>
City .....					Primary Registration District No. ....		Reg. No. <b>1425</b>
(No. <b>455 1/2 E. Georgia</b> St.; ..... Ward)					(If death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred..... yrs..... mos..... da. How long in U. S. if of foreign birth?..... yrs..... mos..... da.							
2. FULL NAME <b>ROSIE LEE ATLAS</b>							
(a) Residence: No. <b>455 1/2 E. Georgia</b> St., ..... Ward.					(If nonresident give city or town and State)		
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX		4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH (month, day, and year) <b>April 16, 1935, 10</b>	
<b>Female</b>		<b>Col</b>		<b>Widowed</b>		22. I HEREBY CERTIFY, That I attended deceased from <b>4-8</b>	
5a. If married, widowed, or divorced		HUSBAND of		(or) WIFE of		19 <b>35</b> <b>4-16-35</b> ....., 19.....	
6. DATE OF BIRTH (month, day, and year)		7. AGE		Years		I last saw h. <b>or alive on 4-16-35</b> ....., 19....., death is said	
		Months		Days		to have occurred on the date stated above, at <b>3:30 A.</b>	
		<b>39</b>		If LESS than 1 day, ..... hrs. of..... min.		The principal cause of death and related causes of importance in order of onset were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<b>Domestic</b>		11. Total time (years) spent in this occupation.....		<b>Diabetes mellitus.</b>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....		Contributory causes of importance not related to principal cause:	
12. BIRTHPLACE (city or town) (State or country)		<b>Miss.</b>				Name of operation..... Date of.....	
13. NAME		<b>Isaac Alexander</b>				What test confirmed diagnosis?..... Was there an autopsy?.....	
14. BIRTHPLACE (city or town) (State or country)		<b>Miss.</b>				23. If death was due to external causes (violence) fill in also the following:	
15. MAIDEN NAME		<b>Annie Crump</b>				Accident, suicide, or homicide?..... Date of injury..... 19.....	
16. BIRTHPLACE (city or town) (State or country)		<b>N. C.</b>				Where did injury occur?..... (Specify city or town, county, and State)	
17. INFORMANT		<b>Annie Evens</b>				Specify whether injury occurred in industry, in home, or in public place.	
(Address)		<b>Marble, Ark.</b>				Manner of injury.....	
18. BURIAL, CREMATION, OR REMOVAL		Place <b>Zion</b> Date <b>4-18-35</b>				Nature of injury.....	
19. UNDERTAKER		<b>S. W. Qualls and Co</b>				24. Was disease or injury in any way related to occupation of deceased?.....	
(Address)						If so, specify.....	
20. FILED <b>4-23-35</b> 19.....		<b>L. M. Graves</b>				(Signed) <b>James W. Hose</b> ....., M. D.	
		Registrar				(Address).....	