

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	
County <u>Canoll</u>		STATE DEPARTMENT OF HEALTH		23303	
Civil Dis. <u>24</u>		Division of Vital Statistics		File No. <u>1</u>	
or Village <u>Westport</u>		Registration District No. <u>40924</u>		Reg. No. <u>1</u>	
or City <u>Tenn</u>		Primary Registration District No. <u>24</u>		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. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.					
2. FULL NAME <u>Sarah A. Sanders</u>				St. _____ Ward _____	
(a) Residence: No. _____				(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W.</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Cullie Sanders</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 28 - 1848</u>					
7. AGE		If LESS than			
Years <u>82</u>	Months <u>8</u>	Days <u>11</u>	1 day, _____ hrs. _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hub</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>				
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) <u>Tenn</u> (State or country)					
MOTHER FATHER	13. NAME <u>Joshua Boyd</u>				
	14. BIRTHPLACE (city or town) <u>N.C.</u> (State or country)				
	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (city or town) <u>Unknown</u> (State or country)				
17. INFORMANT <u>W. C. Sanders</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Oak Grove</u> Date <u>Oct 10, 1930</u>					
19. UNDERTAKER <u>R. F. Pledge &amp; Son</u> (Address) <u>Westport, Tenn</u>					
20. FILED <u>10/15</u> , 19 <u>30</u> <u>R. S. Moore</u> Registrar.					
21. DATE OF DEATH (month, day, and year) <u>Oct 9, 1930</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 3, 1930</u> to <u>Oct 9, 1930</u> , 19 <u>30</u> I last saw her alive on <u>Oct 9, 1930</u> , death is said to have occurred on the date stated above, at <u>2:30 P.M.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Arteriosclerosis</u> Date of onset _____ Contributory causes of importance not related to principal cause: <u>None</u> 916					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>30</u> Where did injury occur? _____ (Specify city or town, county, and State) Specify 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 deceased? <u>No</u> If so, specify _____					
(Signed) <u>Westport, Tenn</u> M. D.					
(Address) _____					