

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

County Imperial
 Civil Dist. 3rd
 or Village _____
 or City San Diego (No. _____ St.: _____ Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

9115
 File No. _____
 Registered No. 30
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registration District No. 841
 Primary Registration District No. 48403

2 FULL NAME Mr. Willie Guild Young

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 MARRIAGE, widow
 (Single, Married, or divorced) (Write the word)

6 DATE OF BIRTH Nov. 25, 1880
 (Month) (Day) (Year)

7 AGE 76 yrs. 4 mos. 16 da. If LESS than 1 day, ___ hrs. or ___ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER W. C. Guild

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Blackman

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs. Wm. W. Whitehouse
 (Address) Galveston, Texas

15 Filed June 10, 1927 M. L. Surber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH April 10, 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1927 to Apr 10, 1927, that I last saw her alive on Apr 10, 1927 and that death occurred, on the date stated above, at 3:15 P.M.
 The CAUSE OF DEATH* was as follows: AT Cause of Breast (Sarcoma)

(Duration) ___ yrs. ___ mos. ___ da.

Controlling Disease Diabetes
 (Secondary) 10 yrs. (Duration) ___ yrs. ___ mos. ___ da.

Signed J. R. Rose M. D.
4/16, 1927 Address Galveston

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) WHETHER ACCIDENTAL, SCHOOL, or HOISTICAL. State whether or not an operation was performed.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS) In the county of San Diego State Calif.
 Where was disease contracted, at place of death if not at place of death?
 Former or usual residence same as above

19 PLACE OF BURIAL OR REMOVAL Galveston Cemetery DATE OF BURIAL April 11, 1927
 20 UNDERTAKER Harris & North ADDRESS Galveston, Texas