

MAXIMUM RESERVED FOR BINDING
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 Jackson
Civil Dist. # 4
or
Village _____
or
City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44404
Primary Registration District No. _____

File No. 34
Registered No. 51

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

2 FULL NAME Robert Edward Bilbery

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male **4 COLOR OR RACE** white **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single
(Write the word)

6 DATE OF BIRTH Aug 31, 1917
(Month) (Day) (Year)

7 AGE 6 yrs. 6 mos. 0 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Budie Bilbery

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Georgia Adcock

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wes Bilbery
(Address) Whitleyville Tenn

15 Filed 3-4-18 Pat Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 4, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from No Physician attended
1018, to 1018,
that I last saw h_____ alive on _____, 191____,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: not known. had had measles was doing well. party + well at bed time found dead next
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Measles 7
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Pat Clark local reg.
3-4-18 (Address) Haydenburg 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 With Grouse **DATE OF BURIAL** 3-4-18

20 UNDERTAKER H S Chryact **ADDRESS** Whitleyville