

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.

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 11 Registration District No. 11 File No. 82
or
Village _____ Primary Registration District No. 11 Registered No. AT
or
City _____ (No. _____, _____ St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Doc Mathis

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 1 5, 1884
(Month) (Day) (Year)

7 AGE 34 yrs. 6 mos. 13 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Illegitimate

11 BIRTHPLACE OF FATHER (State or country) _____

12 MAIDEN NAME OF MOTHER Cyprian Mathis

13 BIRTHPLACE OF MOTHER (State or country) _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7 18, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, 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:
T. B. of Lungs 31

(Duration) 2 yrs. _____ mos. _____ ds.

Contributory T. B. of Rt. Kidney
(SECONDARY)
(Duration) _____ yrs. 6 mos. _____ ds.

(Signed) L. R. Anderson, M. D.
_____, 191____ (Address) Grainville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Leslie Jones
(Address) Grainville

15 Filed 8/8, 1918 L. R. Anderson
REGISTRAR

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 Grainville Cem. DATE OF BURIAL 7/19, 1918

20 UNDERTAKER Ed. Mathis ADDRESS Grainville