

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. # 4  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_Registration District No. H 4404  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 21(If death occurred in a  
hospital or institution,  
give its NAME instead  
of street and number.)2 FULL NAME Fred Bilbery

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)6 DATE OF BIRTH Feb 22, 1898  
(Month) (Day) (Year)7 AGE 24 yrs. 11 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) Tenn10 NAME OF FATHER Alex Bilbery11 BIRTHPLACE OF FATHER  
(State or country) Tenn12 MAIDEN NAME OF MOTHER Amanda Hill13 BIRTHPLACE OF MOTHER  
(State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bill Hill(Address) Whitleyville Tenn15 2-5-20 Patt Clark  
File No. \_\_\_\_\_, 191\_\_\_\_\_  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 5, 1920  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1919, to Feb 1, 1920,  
that I last saw him alive on Feb 1, 1920  
and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH \* was as follows:

Pulmonary Tuberculosis  
37  
(Duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory  
(secondary) \_\_\_\_\_(Signed) Frank B Clark, M. D.  
Feb 5, 1920 (Address) Haydenburg

\*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 Kelly Graveyard DATE OF BURIAL 2-6-2020 UNDERTAKER H. S. Cherry act ADDRESS Whitleyville

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.