

## 1 PLACE OF DEATH

County Jackson  
 Civil Dist. 4th  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

## CERTIFICATE OF DEATH

160

Registration District No. 44404  
 Primary Registration District No. \_\_\_\_\_

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

Registered No. \_\_\_\_\_

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

2 FULL NAME Bertha Elizabeth Bilbrey

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 (Write the word)  
 6 DATE OF BIRTH Oct 15, 1898  
 (Month) (Day) (Year)  
 7 AGE 24 yrs. 4 mos. 3 ds. If LESS than 1 day, ---- hrs. or ---- min.?

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work at home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

## 9 BIRTHPLACE (State or country)

Tennessee

## 10 NAME OF FATHER

J. Mack Bilbrey

## 11 BIRTHPLACE OF FATHER (State or country)

Tennessee

## 12 MAIDEN NAME OF MOTHER

Alice Rainer

## 13 BIRTHPLACE OF MOTHER (State or country)

Tennessee

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. J. Murray(Address) Haydenburg

15

Filed Mar 3, 1920Patt Clark

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 18, 1920  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from On trip 1911, to only on 1911, that I last saw her live on Dec, 1919, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH\* was as follows:

Pneumony. Tuberculosis

Contributory \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (secondary) \_\_\_\_\_

(Signed) Chas E. Keen (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Feb 7, 1920 (Address) Gainesboro 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

Shoulders Grove rd

## DATE OF BURIAL

Feb 19, 1920

## 20 UNDERTAKER

Stoko Murray

## ADDRESS

Haydenburg

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.