

1 PLACE OF DEATH

County JacksonCivil Dist. 11OR
VillageOR
City

STATE OF TENNESSEE

171

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44411

File No.

Primary Registration District No. 11Registered No. 2

St.; Ward)

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

2 FULL NAME America Mathis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)6 DATE OF BIRTH unknown
(Month) (Day) (Year)7 AGE about 85 If LESS than 1 day, hrs. or min.?
yrs. mos. da.8 OCCUPATION
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER Matt Mathis11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Ed Mathis[Address] Granville Pt 1

15

Filed 5/3 1920 L R Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 8 1920
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from 2/10 1920 to 3/8 1920, that I last saw her alive on 3/8 1920 and that death occurred, on the date stated above, at 6 A.M.The CAUSE OF DEATH* was as follows:
Acute nephritis
[Duration] yrs. 2 mos. da.

Contributory [SECONDARY] [Duration] yrs. mos. da.

Signed L R Anderson M. D.
57 St, 1920 Address Granville Pt

* 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. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL Furman Cem DATE OF BURIAL 3/9 192020 UNDERTAKER Aw Reynolds ADDRESS Granville PtMARGIN 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.