

## 1 PLACE OF DEATH

County Jackson  
 Civil Dist. No. 13  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (Name) \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

190

## CERTIFICATE OF DEATH

Registration District No. 44413 File No. 63  
 Primary Registration District No. 13 Registered No. 63

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

## 2 FULL NAME

William Spirey

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE Wh 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH Jan. 16, 1857  
(Month) (Day) (Year)

7 AGE 43 yrs. 3 mos. 10 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.

10 NAME OF FATHER James Spirey

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Calzedonia Roggity

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

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

(Informant) Mrs. Edg. Potent  
 (Address) Whatelyville

15 Filed May 10, 1920 J. S. [Signature] REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 28, 1920  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 14 1920, to \_\_\_\_\_, 1920, that I last saw him alive on Nov 24, 1920, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH was as follows:

Acute Bronchitis  
 (Duration) 5 yrs. 4 mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) Rose L. [Signature] M. D.  
May 8, 1920 (Address) Whatelyville

\*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 63 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

St. James Church

## DATE OF BURIAL

Mar 29, 1920

## 20 UNDERTAKER

None

## ADDRESS

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.