

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

1849

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 6OR
VillageOR
CityRegistration District No. 44406

Primary Registration District No.

File No. 21

Registered No.

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

2 FULL NAME

William Maherry

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE w 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED infant
(Write the word)6 DATE OF BIRTH Jan 12 1929
(Month) (Day) (Year)7 AGE
yrs. mos. ds. If LESS than 1 day, 5 hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Dist. no. 610 NAME OF FATHER Rescoe Maherry11 BIRTHPLACE OF FATHER [State or country] Jackson, Co.12 MAIDEN NAME OF MOTHER Bessie Brown13 BIRTHPLACE OF MOTHER [State or country] Overtown, Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Rescoe Maherry[Address] Gainesboro Tenn

15

Filed Feb. 8 1929 Mad T. A. Norton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 12 1929
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from
192 to 192

that I last saw him alive on 192

and that death occurred, on the date stated above, at 11 A.MThe CAUSE OF DEATH* was as follows: 205 bUnknown

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed no doctor M. D.

192 Address

* 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 this State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Overtown Cemetery Jan 14 1929

20 UNDERTAKER ADDRESS

noneDO NOT TEAR OUT
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.