STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

5290

CERTIFICATE OF DEATH

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.

1 PLACE OF DEATH

County Jackson

Civil Dist. # 3

OR Village Hendersonville

OR City ..... (No. ..... St. ..... Ward)

Registration District No. 4 4 7

Primary Registration District No. 3

File No. .....

Registered No. .....

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

2 FULL NAME Lucinda Amanda Williams

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Married

6 DATE OF BIRTH: May 11, 1852 (Month) (Day) (Year)

7 AGE: 76 yrs. 8 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Tennessee

PARENTS

10 NAME OF FATHER: George W Birdwell

11 BIRTHPLACE OF FATHER [State or country]: Tennessee

12 MAIDEN NAME OF MOTHER: Lucinda B Birdwell

13 BIRTHPLACE OF MOTHER [State or country]: Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] W N Connelly
[Address] Hendersonville

15 Filed 2-9 1929 Burt Kay. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 1 1929 ([Month] [Day] [Year])

17 I HEREBY CERTIFY, That I attended deceased from Jan 29 1929 to Feb 1 1929, that I last saw h.r alive on Feb 1 1929 and that death occurred, on the date stated above, at 3 30 P M

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

100a

[Duration] ..... yrs. ..... mos. ..... ds.

Contributory [SECONDARY] .....

[Duration] ..... yrs. ..... mos. ..... ds.

Signed Chas W B Sims M. D.

Feb 5 1929 Address Hendersonville

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. **State whether or not an operation was performed.**

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: Fromby Cemetery — DATE OF BURIAL: 2-2 1929

20 UNDERTAKER: Foss Hill — ADDRESS: Hendersonville