

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

8000

File No. 4

1 PLACE OF DEATH

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

Primary Registration District No.

Registered No.

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

2 FULL NAME Gula B. Wiley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)6 DATE OF BIRTH 12 3 1896
(Month) (Day) (Year)7 AGE 32 yrs. 3 mos. 4 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION Housekeeping
(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) Jackson, Co.10 NAME OF FATHER Billie Rogers11 BIRTHPLACE OF FATHER [State or country] Jackson, Co.12 MAIDEN NAME OF MOTHER Lizzie Shepherd13 BIRTHPLACE OF MOTHER [State or country] Jackson, Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Lizzie Rogers[Address] Gainesboro, Tenn15 Filed March 8, 1929 Mrs. T. H. Norton

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 7 1929
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from March 7, 1929 to March 7, 1929, that I last saw her alive on March 7, 1929 and that death occurred, on the date stated above, at 2 P.M.
The CAUSE OF DEATH* was as follows: 101aDouble Pneumonia

[Duration] yrs. mos. ds.

Contributor [SECONDARY] [Duration] yrs. mos. ds.

Signed J. E. Reeves M. D.March 8, 1929 Address Gainesboro, Tenn

* State the DISEASE CAUSING DEATH, or, in death 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

Peek Cemetery DATE OF BURIAL March 8, 1929

20 UNDERTAKER

Harrison Smith ADDRESS Gainesboro Tenn

DO 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.