

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 Dis. 1
 or
 Village _____
 or
 City Gainesboro (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

27018

File No. 19

Reg. No. _____

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

2 FULL NAME William Regis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>American</u>	5 Single, Married, Widowed, or divorced (Write the word) <u>x</u>
6 DATE OF BIRTH <u>No means of knowledge</u> <u>last day old</u> (Month) (Day) (Year)		
7 AGE <u>must have been close to 90 years old</u> yrs. mos. ds.	If LESS than 1 day, ---hrs. or ---min.?	
8 OCCUPATION (a) Trade profession or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
9 BIRTHPLACE (State or country) <u>Do not know</u>		
PARENTS	10 NAME OF FATHER <u>Do not know</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Do not know</u>	
	12 MAIDEN NAME OF MOTHER <u>Do not know</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Do not know</u>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15

Filed MC 7 1929 med M H Little Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 12 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from not at all 19____, to _____, 19____,

that I last saw h_____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:

old age 164

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory old age
 (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

Signed C. E. Reers M. D.

Dec 7 1929, address Gainesboro Tenn

*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

DATE OF BURIAL

Pharis Church
Draper's paper

Nov 13 1929

ADDRESS Gainesboro

20 UNDERTAKER