

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			STATE OF TENNESSEE	
County <u>Jackson</u>			STATE BOARD OF HEALTH	
Civil Dist. <u>#4</u>			Bureau of Vital Statistics	
OR			CERTIFICATE OF DEATH	
Village _____			Registration District No. <u>44404</u>	File No. _____
OR			Primary Registration District No. _____	Registered No. <u>7</u>
City _____ (No. _____, St.; _____ Ward)			[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME <u>Wisman Blaine Hance</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, <u>Married</u> <small>Write the word</small>	16 DATE OF DEATH <u>Dec 6 1929</u> [Month] [Day] [Year]	
6 DATE OF BIRTH _____ (Month) (Day) (Year) <u>1892</u>			17 I HEREBY CERTIFY, That I attended deceased from <u>Oct 1 - 1929</u> to <u>Dec. 5 - 1929</u> , that I last saw him alive on <u>Dec. 3 - 1929</u> and that death occurred, on the date stated above, at _____ M The CAUSE OF DEATH* was as follows: <u>Pet. mal. - But. sur. - Sudden - For. Intol.</u>	
7 AGE <u>27</u> yrs. _____ mos. _____ ds.	If LESS than 1 day, _____ hrs. or _____ min.?		[Duration] _____ yrs. _____ mos. _____ ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer 000</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			Contributory [SECONDARY] <u>Judicial - near Sun. Hosp. - But. sur. Hosp.</u> [Duration] _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Tenn</u>			Signed <u>J. B. Jones</u> M. D. <u>Jan. 2, 1930</u> Address <u>Whitelyville</u>	
PARENTS	10 NAME OF FATHER <u>Sherman Hance</u>		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	11 BIRTHPLACE OF FATHER [State or country] <u>Tenn</u>		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 <u>Red Baling Spgs Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>Rempie Massey</u>		19 PLACE OF BURIAL OR REMOVAL <u>Homer</u> DATE OF BURIAL <u>12-7-1929</u>	
13 BIRTHPLACE OF MOTHER [State or country] <u>Tenn</u>			20 UNDERTAKER <u>Witt</u> ADDRESS <u>Witt</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
[Informant] <u>James Hance</u>				
[Address] <u>Whitelyville</u>				
15 Filed <u>12-6-29</u> <u>Pat Clark</u> REGISTRAR				