

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

29721

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 5
OR
Village Granville
OR
City _____ (No. _____, St.; _____ Ward)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. _____

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

2 FULL NAME Martha Ann Williamson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)

6 DATE OF BIRTH April 16, 1949
(Month) (Day) (Year)

7 AGE 81 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Jackson Mo

10 NAME OF FATHER Jno C Cooper

11 BIRTHPLACE OF FATHER [State or country] Mo

12 MAIDEN NAME OF MOTHER Roda Peter

13 BIRTHPLACE OF MOTHER [State or country] Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] L. C. Williamson

[Address] Granville

15 Filed Jan 11, 1950 H. A. Holliman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 31, 1929
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1929 to Dec 31, 1929 that I last saw her alive on Dec 31, 1929 and that death occurred, on the date stated above, at 4 P M

The CAUSE OF DEATH* was as follows:
Uræmic Coma
129

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

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.
Signed L. M. Freeman M. D.
Address Granville, 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 Granville DATE OF BURIAL Jan 1, 1950

20 UNDERTAKER Williamson Bros ADDRESS Granville