STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH 29728

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 Co
Civil Dist. 5
or Village Granville
or City Granville (No. , St.; Ward)

Registration District No. 44405
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 William Thomas Reese

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single
6 DATE OF BIRTH Feb (Month) (Day) 816 (Year)
7 AGE 14 yrs. mos. ds. If LESS than 1 day, hrs. or min.?
8 OCCUPATION
(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)

PARENTS
10 NAME OF FATHER Bob Reese
11 BIRTHPLACE OF FATHER (State or country) Jackson County
12 MAIDEN NAME OF MOTHER Mary Keith
13 BIRTHPLACE OF MOTHER (State or country) Jackson County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bob Reese
(Address) Granville Tenn

15
Filed Jan 11 1930 H. S. Holleman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1929, to Aug 11, 1929, that I last saw him alive on Aug 11, 1929 and that death occurred, on the date stated above, at 6 A.M.
The CAUSE OF DEATH* was as follows:
Colitis 114

(Duration) yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

Signed L M Freeman M. D.
192 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
DATE OF BURIAL 8/13 1929

20 UNDERTAKER J B Cannon
ADDRESS Granville