

Form V. S. 4-40M. Jan. 25, 1927.

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

Civil Dist.

Village

City

Registration District No.

Primary Registration District No.

(No. St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

29731

File No.

Registered No.

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

2 FULL NAME *Mrs. Lurtie Bush*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
(Write the word)

6 DATE OF BIRTH *May 6 1890*
(Month) (Day) (Year)

7 AGE *39* yrs. *1* mo. *1* da. 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). *House wife*

9 BIRTHPLACE (State or country) *Jackson Co.*

10 NAME OF FATHER *Tom Manier*

11 BIRTHPLACE OF FATHER (State or country) *Jackson Co.*

12 MAIDEN NAME OF MOTHER *Getta Cannon*

13 BIRTHPLACE OF MOTHER (State or country) *Jackson Co.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] *C. S. Bailey*
[Address] *Manier*

15 Filed *Dec 26 1929* *H. S. Holliman* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 7 1929*
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from *192* to *192*, that I last saw her alive on *May 1929* and that death occurred, on the date stated above, at *M*. The CAUSE OF DEATH* was as follows: *Apoplexy 74 d*

[Duration] yrs. mos. ds.

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

Signed *W. O. Page* M. D.
..... 1929 Address *Manier*

* 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 *5-7-1929*

20 UNDERTAKER ADDRESS *J. M. Walk + Co.*