

# STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

29733

1 PLACE OF DEATH

County .....

Civil Dist. ....

OR  
Village .....

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

*Bill Mathis*

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i> <small>(Write the word)</small>
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6 DATE OF BIRTH  
*Dec 10 1874*  
(Month) (Day) (Year)

7 AGE  
*54 yrs. 5 mos. 14 ds.*  
If LESS than 1 day, hrs. or min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work  
*Farmer 000*  
(b) General nature of industry, business, or establishment in which employed (or employer)

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

10 NAME OF FATHER  
*Obie Mathis*

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

12 MAIDEN NAME OF MOTHER  
*Elizabeth Mathis*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] .....

[Address] .....

15

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

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
*May 24 1929*  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 192 to 192

that I last saw him alive on *May 24 1929*

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

The CAUSE OF DEATH\* was as follows:

*A. B. 31*

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed *W. O. Page* M. D.

192 Address

\* 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

*5/25 1929*

20 UNDERTAKER

*J. M. Watts & Co.*

ADDRESS