

1 PLACE OF DEATH

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

29734

County

Civil Dist.

OR

Village

OR

City

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 *Mrs. Mary Montgomery*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *married*6 DATE OF BIRTH *June 22 1848*
(Month) (Day) (Year)7 AGE *80* yrs. *10* mos. *10* ds. If LESS than 1 day..... hrs. or..... min.?8 OCCUPATION *House wife*
(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) *Jackson Co.*10 NAME OF FATHER *Jeff Hargis*11 BIRTHPLACE OF FATHER (State or country) *Jackson Co*12 MAIDEN NAME OF MOTHER *Bettie M. Connel*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. Holloman* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 22 1929*
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from 192 to 192 that I last saw her alive on *April 20 1929* and that death occurred, on the date stated above, at *M*
The CAUSE OF DEATH* was as follows: *Pneumonia* *101 b*

Contributory [SECONDARY]

Signed *W. B. Page* M. D.

* 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 *4-22 1929*

20 UNDERTAKER

T. M. Walls + Co. ADDRESS