

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.

OR

Village

OR

City

Registration District No.

Primary Registration District No.

(No., . . .)

St.;

Ward)

File No.

Registered No.

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

2 FULL NAME

W. R. Watts

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

29735

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

2

29

1861

(Month)

(Day)

(Year)

7 AGE

68

yrs.

mos.

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

Tom Watts

11 BIRTHPLACE
OF FATHER

(State or country)

12 MAIDEN NAME
OF MOTHER

Matilda Clark

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

T. S. Holloman

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb

11

1929

[Month]

[Day]

[Year]

17

I HEREBY CERTIFY, That I attended deceased from

192

to

192

that I last saw him alive on

192

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

The CAUSE OF DEATH* was as follows:

Heart failure was found
dead in woods 90

[Duration]

yrs.

mos.

ds.

Contributory
[SECONDARY]

[Duration]

yrs.

mos.

ds.

Signed

L. M. Freeman M. D.
90
192 Address Greenville

* 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

Watts cemetery

DATE OF BURIAL

2-12-29

20 UNDERTAKER

T. M. Watts & Co

ADDRESS

Greenville