

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
 Civil Dist. 11
 OR
 Village _____
 OR
 City _____ (No. _____, St.; Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

29742

Registration District No. 44411
 Primary Registration District No. 11

File No. _____

Registered No. 10

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

2 FULL NAME Jas. William Meadows

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE w 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)

6 DATE OF BIRTH 11 - 15 - 1929
 (Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 17 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) Tenn.

10 NAME OF FATHER Mark Meadows

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Lattie Phelan

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mark Meadows
 [Address] Greenville, S.C.

15 Filed 1-14-30 L. R. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 2 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:
Found dead in bed
no doctor seen it,
no cause ascertained
from family
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] 2056

Signed L. R. Anderson M. D.

12-3-29 Address Greenville, S.C.

* 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 Greenville, S.C. DATE OF BURIAL 12-3-1929

20 UNDERTAKER Albert Meadows, Greenville, S.C. ADDRESS _____