

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			STATE OF TENNESSEE	
County <u>Putnam</u>			STATE BOARD OF HEALTH	
Civil Dist. # <u>18</u>			Bureau of Vital Statistics	
OR			CERTIFICATE OF DEATH	
Village			Registration District No. <u>47218</u>	File No.
OR			Primary Registration District No.	Registered No. <u>4</u>
City (No. , St. Ward)			[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME <u>Lem. Billingsley</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>	16 DATE OF DEATH: <u>April 19 1929</u> [Month] [Day] [Year]	
6 DATE OF BIRTH <u>Nov 24 1908</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>April 17 1929</u> to <u>April 19 1929</u> , that I last saw him alive on <u>April 17 1929</u> , and that death occurred, on the date stated above, at <u>5 P</u> M	
7 AGE <u>20 yrs. 4 mos. 25 ds.</u>			The CAUSE OF DEATH* was as follows: <u>Diphtheria</u> <u>57</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> <u>000</u> (b) General nature of industry, business, or establishment in which employed (or employer)			[Duration] yrs. / mos. ds.	
9 BIRTHPLACE (State or country) <u>Putnam Co Tennessee</u>			Contributory [SECONDARY] [Duration] yrs. mos. ds.	
PARENTS	10 NAME OF FATHER <u>Don. Billingsley</u>	Signed <u>J. R. Stovine</u> M. D. <u>April 26 1929</u> Address <u>Casperville Tenn</u>		
	11 BIRTHPLACE OF FATHER (State or country) <u>Tennessee</u>	* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	12 MAIDEN NAME OF MOTHER <u>Volgar Goolsby</u>	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		
13 BIRTHPLACE OF MOTHER (State or country) <u>Tennessee</u>			19 PLACE OF BURIAL OR REMOVAL to <u>Jackson Co Tennessee</u> DATE OF BURIAL <u>4-20 1929</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Mr. Mattie Vaughan</u> [Address] <u>Cloomington Spg Tenn</u>			20 UNDERTAKER <u>W. R. McBurn</u> ADDRESS	
15 Filed <u>April 26 1929</u> <u>W. R. McBurn</u> REGISTRAR				