

Form V. S. No. 4-40M.

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

15830

1 PLACE OF DEATH
County Putnam
Civil Dist. 144
OR
Village Montgomery
OR
City (No. _____, St. _____, Ward _____)

Registration District No. 47214
Primary Registration District No. 14

File No. _____
Registered No. 24

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

2 FULL NAME Mary Lydia Matheny

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Unmarried
(Write the word)

6 DATE OF BIRTH April 8 1848
(Month) (Day) (Year)

7 AGE 81 yrs. 1 mos. 28 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Putnam

10 NAME OF FATHER Oliver Massam

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] M. D. Matheny

[Address] Montgomery Tenn

15 Filed June 7 1929 Ms. A. C. Killepe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 6 1929
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That attended deceased from June 3 1929 to June 6 1929 that I last saw her alive on June 6 1929 and that death occurred, on the date stated above, at 8 P M
The CAUSE OF DEATH* was as follows: Lobar pneumonia

[Duration] _____ yrs. _____ mos. 4 ds.
Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.

Signed W. S. [Signature] M. D.
June 7 1929 Address Montgomery Tenn

* 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 8 yrs. _____ mos. _____ ds. In the State 81 yrs. 1 mos. 22 ds.
Where was disease contracted if not at place of death? Local
Former or usual residence Putnam County

19 PLACE OF BURIAL OR REMOVAL Montgomery Tenn DATE OF BURIAL 6-1929

20 UNDERTAKER Wm. H. [Signature] ADDRESS [Signature]