

# STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH 1583

## 1 PLACE OF DEATH

County Madison occurred

Civil Dist. in Cumberland

OR Mayland Registration District No. \_\_\_\_\_

OR Tenn Primary Registration District No. \_\_\_\_\_

City Tenn (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

Mathie Elizabeth Philkes

### PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 15 1843  
(Month) (Day) (Year)

7 AGE 76 yrs. 2 mos. 15 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 L. W. Hoover

11 BIRTHPLACE OF FATHER [State or country] Madison County

12 MAIDEN NAME OF MOTHER Fredon Whitehead

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Art Philkes

[Address] Mayland, Tenn

15 Filed 6/25 1929 Mrs. A. C. Killip REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 6 - 25 1929  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 20 1929 to June 25 1929, that I last saw her alive on June 20 1929 and that death occurred, on the date stated above, at 5:30 P.M. The CAUSE OF DEATH\* was as follows: 188c

Injured in car wreck

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Automobile Wreck

Contributory [SECONDARY] \_\_\_\_\_

Signed W. C. Coffey M. D.

Address June 26 1929 Frontway Tenn

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State 76 yrs. 2 mos. 15 ds.

Where was disease contracted, if not at place of death? Frontway County  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Mayland DATE OF BURIAL 6 - 26 1929

20 UNDERTAKER Tommy ADDRESS Mayland

This was not in my district  
 that no registration could be found  
 Form 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.