

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		STATE OF TENNESSEE	
County <u>Putnam</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics 7 18343	
Civil Dist. <u>10</u>		CERTIFICATE OF DEATH	
OR Village _____		Registration District No. <u>724</u>	File No. _____
OR City _____ (No. _____, St.; _____ Ward)		Primary Registration District No. <u>724</u>	Registered No. <u>9</u>
2 FULL NAME <u>Bill Mathis</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>	
6 DATE OF BIRTH <u>Don't know</u>		16 DATE OF DEATH <u>May 24</u> 19 <u>29</u>	
(Month) _____ (Day) _____ (Year) _____		[Month] _____ [Day] _____ [Year] _____	
7 AGE <u>60</u> yrs. _____ mos. _____ ds.		17 I HEREBY CERTIFY, That I attended deceased from <u>May 22</u> 19 <u>29</u> to _____ 19 <u>29</u>	
If LESS than 1 day, _____ hrs. or _____ min.?		that I last saw him alive on <u>May 27</u> 19 <u>29</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer 000</u>		and that death occurred, on the date stated above, at _____ M	
(b) General nature of industry, business, or establishment in which employed (or employer) _____		The CAUSE OF DEATH* was as follows: <u>31</u>	
9 BIRTHPLACE (State or country) <u>Don't</u>		_____ [Duration] _____ yrs. _____ mos. _____ ds.	
10 NAME OF FATHER <u>Obediah Mathis</u>		Contributory [SECONDARY] _____ [Duration] _____ mos. _____ ds.	
11 BIRTHPLACE OF FATHER [State or country] <u>Ky</u>		Signed _____ M. D.	
12 MAIDEN NAME OF MOTHER <u>Don't know</u>		<u>7/5</u> 19 <u>29</u> Address <u>Granville Ten</u>	
13 BIRTHPLACE OF MOTHER [State or country] _____		* 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.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]	
[Informant] <u>W. B. Page MD</u>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
[Address] <u>Granville, 2</u>		Where was disease contracted, if not at place of death? _____	
15		Former or usual residence _____	
Filed <u>7/12</u> 19 <u>29</u> <u>W. V. Coole</u> REGISTRAR		19 PLACE OF BURIAL OR REMOVAL <u>Mathis Cem</u> DATE OF BURIAL <u>5-25</u> 19 <u>29</u>	
		20 UNDERTAKER <u>J. J. Dowell</u> ADDRESS <u>Granville, 2</u>	