

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 Pitman
 Civil Dis. 1
 or
 Village _____
 or
 City Coakville
 (No. 607; Lane 6 St.; _____ Ward)

2 FULL NAME Mamie Lou Pitman

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

5
 22906

File No. _____

Reg. No. 50

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7 4 COLOR OR RACE W 5 Single, Married, Married
Widowed, Divorced, or (Write the word)

6 DATE OF BIRTH 1902 Oct 11 1902
(Month) (Day) (Year)

7 AGE 26 yrs. 11 mos. 22 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Wille W. Buriss

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Lenna Watson

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) C. L. Pitman

(Address) City

15 Filed Oct 10 1929 Thelma Moore
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 29 1929
mor. 5 (Month) 5 (Day) 1929 (Year)

17 I HEREBY CERTIFY, That I attend deceased from Sept. 28, 1928, to Sept. 27, 1929, that I last saw her alive on June 24, 1929 and that death occurred, on the date stated above, at 9:45 A.M.

The CAUSE OF DEATH* was as follows: 31
Tuberculosis

Contributory (Secondary) _____
 (Duration) ___ yrs. ___ mos. ___ ds.

Signed J. H. Shipley M. D.
Sept 30, 1929 Address Coakville

*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 Shepley Cemetery DATE OF BURIAL 9/29 1929
 20 FUNERAL HOME J. W. Pitman & Co ADDRESS City