

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 WhiteCivil Dist. bOR  
VillageOR  
City near Sparta (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

## 2 FULL NAME

Mary Jane Billings

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

Registration District No. 42114

Primary Registration District No. \_\_\_\_\_

File No. 38Registered No. 38

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow  
(Write the word)6 DATE OF BIRTH July 12 1856  
(Month) (Day) (Year)7 AGE 71 yrs. 2 mos. 25 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) De Kalb10 NAME OF FATHER Tilford Steel11 BIRTHPLACE OF FATHER (State or country) De Kalb12 MAIDEN NAME OF MOTHER Anna Kassy13 BIRTHPLACE OF MOTHER (State or country) De Kalb

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Wm Billings  
[Address] Silver Point 4<sup>th</sup> Sparta15 Filed Nov. 7, 1927 Ray Hayes  
W. C. K. [unclear]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 7 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from lung 1926 to July 12, 1927, that I last saw him live on July 12, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_ MThe CAUSE OF DEATH\* was as follows:  
Cancer of the Breast 47

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed W. L. [unclear] M. D.

Address \_\_\_\_\_

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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

Billings Cem. DATE OF BURIAL Oct 7 192720 UNDERTAKER Bond and Co. ADDRESS Southville, Tenn.