

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Photo No.: 2006-9117

Source of Data: Tennessee State Archives, Certificate # 24275

1. PLACE OF DEATH
County Tyler
Civil Dis. 8
Village Brighton
City Brighton (No. 9) St. 8 Ward 8
Length of residence in city or town where death occurred: yrs. 1 mos. 1 ds. How long in U. S. if of foreign birth? yrs. 1 mos. 1 ds.

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH
File No. 24275
Reg. No. 130

2. FULL NAME Mrs. Matilda Grace
(a) Residence: No. 8 St. 8 Ward 8
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. DATE OF BIRTH (month, day, and year) <u>Oct. 18, 1930</u>		
7. AGE <u>88</u> Years <u>3</u> Months <u>1</u> Day <u>1</u> hr. <u>1</u> min.		
8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. <u>Housekeeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan 4, 1927</u>		
11. Total time (years) spent in this occupation <u>12</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Tennessee</u>		
13. NAME <u>Matilda</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Tennessee</u>		
15. MAIDEN NAME <u>Matilda Roe</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Tennessee</u>		
17. INFORMANT (Address) <u>A. A. Kelley</u>		
18. BURIAL, CREMATION, OR REMOVAL (Address) <u>Buried</u>		
19. UNDERTAKER (Address) <u>Robt. Matley</u>		
20. FILED <u>Nov 8, 1930</u> <u>Mrs. J. P. Neal</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 19, 1930

22. I HEREBY CERTIFY That I attended deceased from Jan 14, 1930 to Oct. 18, 1930
I last saw alive on Oct. 18, 1930 death is said to have occurred on the date stated above, at 164

The principal cause of death and related causes of importance in order of causality as follows:
Senility

Contributory causes of importance not related to principal cause: 164

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence) (fill in also the following):
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None
(Signed) A. A. Kelley
(Address) Brighton, Tenn.

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.