

CERTIFICATE OF DEATH.

(Form No. 2.)

1. Full name of deceased James Hildreth
2. Date of death, year 1909; month May; day 15; hour 7; A. M. Yes; P. M. _____;
3. Place of birth of deceased, (state or country) Coffee County Ala
4. Sex and color of deceased, white, m Male; black, m _____; mulatto, m _____
5. Place of death of deceased, county Coffee Co; beat 7;
6. City or town _____ ward _____; street and no. _____
7. How long did deceased reside at place of death? about 3 weeks
8. Where was disease contracted? at His Residence Duration of illness 5 months
9. Chief or principal disease causing death Consumption
10. Contributory disease causing death Lagrip's pleurisy
11. Did deceased undergo a surgical operation, and if so when and of what nature? did not
12. Occupation of deceased Harmoning
13. Age of deceased, years 74; months _____; days _____; married, single, or widowed? _____
14. Full name of father of deceased Benjamin Hildreth
15. Place of birth of father of deceased, (state or country) _____
16. Full name of mother of deceased Juniona Hildreth
17. Place of birth of mother of deceased (state or country) _____
18. Place of interment of deceased New Providence

Remarks _____

Reporter J. D. Hildreth

Post Office McClary Ala

Date of report June 1 1909