

MARGIN RESERVED FOR BINDING

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 DeWitt
 Civil Dist. 12
 OR
 Village 3rd St
 OR
 City (No. , St.; Ward)

STATE OF TENNESSEE 505

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 40312 File No. 4
 Primary Registration District No. 12 Registered No. 4
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Bertha Bond

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
 6 DATE OF BIRTH June 6, 1893
 (Month) (Day) (Year)
 7 AGE 39 yrs. 11 mos. 9 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tenn.

PARENTS
 10 NAME OF FATHER W. N. Hicks
 11 BIRTHPLACE OF FATHER (State or country) Henry Co. Tenn.
 12 MAIDEN NAME OF MOTHER Sallie Lankford
 13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Virgil Bond
 [Address] 3rd St. Tenn.

15 Filed 5/29 1923 C. P. Hollingsworth
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 15 1923
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 9-15-1922 to 5-18-1923 that I last saw her alive on 5-13-1923 and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
 [Duration] 2 yrs. mos. ds.

Contributory [SECONDARY] [Duration] yrs. mos. ds.
 Signed L. P. Duncan M. D.
5-16- 1923 Address Hollow Rock

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, 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 Mt. Carmel DATE OF BURIAL 5/16 1923

20 UNDERTAKER ADDRESS