

1 PLACE OF DEATH

County Carrick

Civil Dist. _____

or Village Buenavista

or City _____

Registration District No. 94

Primary Registration District No. _____

(No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 15Registered No. 23

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

2 FULL NAME Edmer Bonds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)single

6 DATE OF BIRTH

Unknown, 1 _____

(Month)

(Day)

(Year)

7 AGE

23

yrs. _____ mos. _____ ds.

If LESS than
1 day, _____ hrs.
or _____ min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Tenn

10 NAME OF FATHER

Robert Bond

11 BIRTHPLACE OF FATHER

(State or country)

Tenn

12 MAIDEN NAME OF MOTHER

Sallie Blaney

13 BIRTHPLACE OF MOTHER

(State or country)

Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15

Filed Jan 22 19181918W E Bonds

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan. 18, 1918
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan-18 1918, to Jan 18, 1918,that I last saw him alive on Jan 18, 1918,and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH * was as follows:

Measles

Contributory Heart Failure

(SECONDARY)

(Signed) C. J. Cox, M. D.Jan 19, 1918 (Address) Westport

*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

DATE OF BURIAL

Oak Grove Graveland Jan 19, 1918

20 UNDERTAKER

ADDRESS

H. Bonds Westport

MARGIN RESERVED FOR BINDING 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.