

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 Carroll
 Civil Dist. 7
 OR
 Village
 OR
 City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

14433

CERTIFICATE OF DEATH

Registration District No. W0909
 Primary Registration District No. 9

File No.

Registered No. H

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

2 FULL NAME Emilia Bonds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)

6 DATE OF BIRTH April 30 1853
 (Month) (Day) (Year)

7 AGE 74 yrs. 1 mos. 12 ds If LESS than 1 day, hrs. or min.?

8 OCCUPATION None
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Andrew J. Bonds

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Elizabeth Glosson

13 BIRTHPLACE OF MOTHER (State or country) M. C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Joe Bonds

[Address]

15 Filed 8/5 1927 W. E. C. Sparks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 12 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 192 to 192
 that I last saw h..... alive on 192
 and that death occurred, on the date stated above, at 10.30 AM
 The CAUSE OF DEATH* was as follows: 205b

No Physician
Probably Heart Trouble.

Contributory [SECONDARY] [Duration] yrs. mos. ds.

Signed M. D.
 192 Address

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

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 Burmanista DATE OF BURIAL June 13 1927

20 UNDERTAKER W. E. C. Sparks ADDRESS Huntingdon