

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		STATE OF TENNESSEE	
County <u>Bourbon</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics	
Civil Dist. <u>12</u>		CERTIFICATE OF DEATH	
OR Village <u>Josh</u>		Registration District No. <u>40312</u>	File No. <u>4</u>
OR City _____ (No. _____, St.; _____ Ward)		Primary Registration District No. <u>12</u>	Registered No. <u>4</u>
2 FULL NAME <u>James W. Bond</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	16 DATE OF DEATH <u>June 26 1927</u> [Month] [Day] [Year]
6 DATE OF BIRTH <u>June 23 1859</u> (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended deceased from <u>Jan. 1 1926</u> to <u>June 26 1927</u> , that I last saw him alive on <u>June 26 1927</u> and that death occurred, on the date stated above, at <u>12</u> M The CAUSE OF DEATH* was as follows: <u>Complications of Prostate</u> <u>49</u> [Duration] <u>1</u> yrs. <u>0</u> mos. <u>0</u> ds.	
7 AGE <u>68</u> yrs. <u>5</u> mos. <u>5</u> ds.	If LESS than 1 day, _____ hrs. or _____ min.?		Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Merchant</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>786</u>	Signed <u>L. E. Bravelle</u> , M. D. 1927 Address _____		
9 BIRTHPLACE (State or country) <u>Tenn.</u>	* 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.		
PARENTS	10 NAME OF FATHER <u>John Bond</u>	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 _____	
	11 BIRTHPLACE OF FATHER [State or country] <u>Tenn.</u>	19 PLACE OF BURIAL OR REMOVAL <u>Oak Grove</u> DATE OF BURIAL <u>Jun 27 1927</u>	
	12 MAIDEN NAME OF MOTHER <u>Abigail Krew</u>	20 UNDERTAKER <u>Burr &amp; Lindsey</u> ADDRESS _____	
13 BIRTHPLACE OF MOTHER [State or country] <u>K. C.</u>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Hylen Bond</u> [Address] <u>Josh</u>		
15 Filed _____ 1927 <u>C. C. Hollingsworth</u> REGISTRAR			