

CERTIFICATE OF DEATH

1621

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

REG. NO.	283
REG. DIST. NO.	801

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY
USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE WITH A PHOTOSTAT.

1. FULL NAME Jessie # BOND		2. DATE OF DEATH Jan. 24 19 45	
3. PLACE OF DEATH:		4. USUAL RESIDENCE: A) STATE Mo	
A) COUNTY Shelby CIVIL DISTRICT	B) COUNTY Permiest CIVIL DISTRICT		
B) CITY OR TOWN Memphis (IF OUTSIDE CITY LIMITS, WRITE RURAL)	C) CITY OR TOWN Deering (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)		
C) NAME OF HOSPITAL Baptist (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)	D) STREET NO.		
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____	E) CITIZEN OF FOREIGN COUNTRY No (YES OR NO) IF YES, NAME COUNTRY _____		
5. RACE OR COLOR W	6. SEX M	7. SINGLE, MARRIED, WIDOWED, DIVORCED	
8. AGE 58 YEARS MONTHS _____ DAYS _____ HRS. _____ MINS. _____	IF LESS THAN ONE DAY		
9. DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____			
10. PLACE OF BIRTH: CITY OR COUNTY Carroll STATE OR COUNTRY Tenn.	MEDICAL CERTIFICATION		
11. HUSBAND OR WIFE OF Lallie Bond	20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM January 21 19 45 TO January 24 19 45		
AGE OF HUSBAND OR WIFE, IF LIVING 53 YEARS	AND THAT I LAST SAW HIM ALIVE ON Jan 24 19 45		
12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____	NAME OF WAR No		
13. USUAL OCCUPATION Farming	AND THAT DEATH OCCURRED ON THE DATE STATED AT 11:30 A.M.		
14. INDUSTRY OR BUSINESS None	IMMEDIATE CAUSE OF DEATH: Brain Tumour		
15. FATHER FULL NAME Robert Bond	DURATION 3 mo.		
BIRTHPLACE CITY OR COUNTY Carroll STATE OR COUNTRY Tenn.	57L		
16. MOTHER MAIDEN NAME Lallie	DUE TO: _____		
BIRTHPLACE CITY OR COUNTY Carroll STATE OR COUNTRY Tenn.	OTHER CONDITIONS None		
17. INFORMANT Lt's Bond	(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)		
ADDRESS Deering Mo. Park	OPERATION? Yes FINDINGS Brain tumour - decompression only		
18. BURIAL, REMOVAL OR CREMATION Removal DATE 1-28 19 45	AUTOPSY? No FINDINGS _____		
CEMETERY _____ PLACE Steele Mo.	PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY		
19. UNDERTAKER Gerrison Funeral Home	21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:		
ADDRESS Steele Mo. BY _____	A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____		
DATE FILED 1-24-19 45 L.M. Graves REGISTRAR	B) DATE OF OCCURRENCE _____		
	C) WHERE DID INJURY OCCUR _____ CITY _____ COUNTY _____ STATE _____		
	D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____		
	E) WHILE AT WORK _____ MEANS OF INJURY _____		
	SIGNATURE Robert Bond M.D.		
	ADDRESS 899 Madison DATE SIGNED 1/24/45		
	Memphis (3) Tenn		