STATE OF TENNESSEE

303

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

File No. 1805

1 PLACE OF DEATH
County Davidson
Civil Dist. 1st
OR
Village
OR
City Nashville (No. Vanderbilt Hospital Ward)

Registration District No. 5-69
Primary Registration District No. 21901
Registered No.

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

2 FULL NAME John Bond

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Don't Know

6 DATE OF BIRTH
..... (Month) ..... (Day) ?..... (Year)

7 AGE
about 20 yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(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) Huntingdon Tenn

PARENTS
10 NAME OF FATHER A. J. Bond
11 BIRTHPLACE OF FATHER [State or country] Tenn
12 MAIDEN NAME OF MOTHER Dora Barnhardt
13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Hospital Record
[Address] .....

15
Filed 8-19 1924 Nora L. Hollister
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June [Month] 14 [Day], 1924 [Year]

17 I HEREBY CERTIFY, That I attended deceased from 8-12 1924, to 8-14, 1924, that I last saw him alive on 8-14, 1924 and that death occurred, on the date stated above, at 12 M

The CAUSE OF DEATH* was as follows:

188a

Fracture - base of skull
Automobile Accd.
[Duration] ..... yrs. ..... mos. 3 ds.

Contributory [SECONDARY] Brain injury
[Duration] ..... yrs. ..... mos. 3 ds.

Signed R. A. Duke M. D.
8-14 1924 Address Nashville

* 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 Huntingdon Tenn

19 PLACE OF BURIAL OR REMOVAL Huntingdon Tenn
DATE OF BURIAL 192-

20 UNDERTAKER Gupton, Nashville
ADDRESS Nashville, Tenn

DO NOT TEAR OUT
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.