STATE OF TENNESSEE

STATE BOARD of HEALTH
Bureau of Vital Statistics

46

CERTIFICATE OF DEATH

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 Bintan

Civil Dist. 12

OR Village Vock. Tenn

OR City ..... (No. ..... St.; ..... Ward)

Registration District No. 40312

Primary Registration District No. 12

File No. 1

Registered No. 1

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

2 FULL NAME Mattie Lee Bond

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F m

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Jan 20, 29 (Month) (Day) (Year)

7 AGE: 6 yrs. 0 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

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

9 BIRTHPLACE (State or country): Bintan Co.

PARENTS

10 NAME OF FATHER: H. M. Bond

11 BIRTHPLACE OF FATHER [State or country]: Bintan Co.

12 MAIDEN NAME OF MOTHER: Ettie Bulan

13 BIRTHPLACE OF MOTHER [State or country]: Bintan Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] .....

[Address] H M Bond

15 Filed ....., 19 ..... C. C. Hollingsworth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 1 (Month) — 24 (Day) 29 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20 - 1929, to Jan. 24 - 1929, that I last saw her alive on Jan. 24 - 1929, and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:

Organic Heart - 90
Disease.

[Duration] ..... yrs. ..... mos. 4 ds.

Contributory [SECONDARY] None

[Duration] ..... yrs. ..... mos. ..... ds.

Signed G. P. Hicks, M. D.

Feb. 6 -, 1929 Address Bonnecton Tenn.

* 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: Oak Grove Cemetery — DATE OF BURIAL: ....., 19 .....

20 UNDERTAKER: Burton & Linder — ADDRESS: Pennville, Tenn.