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# CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

63-22085

DEPARTMENT OF PUBLIC HEALTH

STATE OF TENNESSEE

BIRTH NO.

DEATH NO.

1. NAME **Enos Oliver Bond** 2. DATE OF DEATH **Aug 9, 1963**

3. COLOR OR RACE **white** 4. SEX **male** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **married** 6. DATE MONTH DAY YEAR OF BIRTH **Nov 24, 1883** 7. AGE (IN YEARS LAST BIRTHDAY) **79** IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH A. COUNTY **Carroll** B. CIVIL DISTRICT **11** 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE **Tenn** B. COUNTY **Carroll** C. CIVIL DISTRICT **11**

C. CITY OR TOWN **Huntingdon** D. LENGTH OF STAY IN THIS PLACE E. INSIDE CITY LIMITS? YES  NO

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) **East Main Street** F. INSIDE CITY LIMITS? YES  NO  F. STREET ADDRESS (OR LOCATION) **East Main Street** G. IS RESIDENCE ON A FARM? YES  NO

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) **carpenter** 10B. KIND OF BUSINESS OR INDUSTRY **self-employed** 11. SOCIAL SECURITY NUMBER **414-14-3110** 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE YES, NO, OR UNKNOWN **No**

13. BIRTHPLACE (State or Foreign Country) **Tennessee** 14. CITIZEN OF WHAT COUNTRY? **U S** 15. NAME OF HUSBAND OR WIFE **Jackie Brinkley Bond**

16. FATHER'S NAME **R F Bond** 17. MOTHER'S MAIDEN NAME **Sallie Blakeley** 18. INFORMANT ADDRESS **Pascal Bond, Huntingdon, Tenn**

MEDICAL CERTIFICATION **4500** INTERVAL BETWEEN ONSET AND DEATH

19. CAUSE OF DEATH Enter only one cause per line for (A), (B), (C) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) **Pneumonia**

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last DUE TO (B) **Arteriosclerosis** **493**

DUE TO (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

20. WAS AUTOPSY PERFORMED? YES  NO

21A. ACCIDENT SUICIDE HOMICIDE    21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)

21C. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M. **REC'D BY STATE AUG 14 1963**

21D. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.) 21F. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE **W J McCune** M.D.  D.O.  OTHER (SPECIFY) ADDRESS **Huntingdon Tenn** DATE **8-12-63**

23A. BURIAL, CREMATION, REMOVAL, (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **August 10, 1963** 23C. NAME OF Cemetery or Crematory **Memorial Gardens** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Carroll County, Tennessee**

24. FUNERAL DIRECTOR ADDRESS **Robert L. Dillard, Huntingdon, Tenn** 25. REGISTRATION DIST. NO. **40911** 26. DATE SIGNED BY LOCAL REG. **8-13-63** 27. REGISTRAR'S SIGNATURE **Jean E. Fields, Dep.**

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN POWER OF ATTORNEY. IF DEATH IS CAUSED BY HEART DISEASE, ASTHMA, THE DISSECTION OF A BLOOD VESSEL, OR OTHER CAUSE WHICH REQUIRES IMMEDIATE ACTION, THE DIRECTOR OF HEALTH, EDUCATION, AND WELFARE MUST FILE THIS CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COFFIN CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - PUBLIC HEALTH SERVICE