

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.

STATE OF TENNESSEE

3873

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Henry
Civil Dist. 9th
OR
Village
OR
City

Registration District No. 44009
Primary Registration District No. 44009
(No. , St.; Ward)

File No. _____
Registered No. 3
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Geo Travis Bomar

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH Oct 26 1863
(Month) (Day) (Year)

7 AGE 67 yrs. 3 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work M.D. 858
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Geo Bomar

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Martha Green

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] H. H. Bomar

[Address] Manassas, Va

15 Filed 4-7 1928 John R. Hodge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 6 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Mar 18 1928 to Apr 6 1928, that I last saw him live on and that death occurred, on the date stated above, 6:30 PM. The CAUSE OF DEATH* was as follows: 746

Arterio Sclerosis

[Duration] yrs. mos. ds.

Contributory [SECONDARY] Arterio Sclerosis

[Duration] yrs. mos. ds.

Dr. J. R. Perry M. D. Apr 6 1928 Address Paris, Mo

* 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 Spring Creek DATE OF BURIAL Apr 8 1928

20 UNDERTAKER Spicer Mortuary ADDRESS Chattanooga