

5755
2Y
0900

CERTIFICATE OF DEATH
TENNESSEE DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

FILE NO. 69-001918

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE IN PERMANENT BLUE OR BLACK INK.

DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

AND NEXT OF KIN



1. DECEASED - NAME FIRST MIDDLE LAST Pearl Bond Norwood			2. DATE OF DEATH (MONTH, DAY, YEAR) January 12, 1969		
3. RACE (SPECIFY) white			4. SEX female		
5a. AGE - LAST BIRTHDAY (YEARS) 77			5b. UNDER 1 YEAR MON. DATE		5c. UNDER 1 DAY HOURS MIN.
6. COUNTY OF DEATH Madison			7. CITY, TOWN, OR LOCATION OF DEATH Jackson		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Tennessee			9. CITIZEN OF WHAT COUNTRY U S A		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married
11. SOCIAL SECURITY NUMBER			12. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)		13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housework
14a. RESIDENCE - STATE Tennessee			14b. COUNTY Carroll		14c. CITY, TOWN, OR LOCATION Huntingdon
15. FATHER - NAME Robert Bond			16. MOTHER - MAIDEN NAME Sallie Blackney		17. INFORMANT - NAME Paul Norwood, Union City, Tenn
18. Mailing Address			19. STREET AND NUMBER 527 Lexington St		

Research Copy

AN ATTENDING PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CERTIFIER
IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.
PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

BURIAL

20. PHYSICIAN - CERTIFICATION I ATTENDED THE DECEASED AND BEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		SIGNATURE <i>J.E. Hagelquist</i>		DEGREE KA-P!		DATE SIGNED (MONTH, DAY, YEAR)	
21. MEDICAL EXAMINER - CERTIFICATION ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, BEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE		TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
22. CERTIFIER - NAME (TYPE OR PRINT)			MAILING ADDRESS STREET OR R.F.D. NO.			CITY OR TOWN	
23. STATE		24. CEMETERY OR CREMATORY - NAME		LOCATION		STATE	
23a. Burial		24a. Oak Grove		24b. Carroll County, Tennessee		24c. State	
25. FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			26. REGISTRAR - SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25. Dilday Funeral Home, Huntingdon, Tenn 38344			26. <i>Bartholomew F. Russell</i>		26b. 1-21-69		