

SEE REGULATIONS
ON THE BACK

Nasany

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. USE BLACK INK. THIS IS A PERMANENT RECORD. ALL ITEMS SHOULD BE COMPLETE AND ACCURATE. GIVE FULL NAME OF DECEASED CORRECTLY SPOelled. AGE AND BIRTHDATE OF DECEASED MUST BE ACCURATE.

Form No. 104

1. PLACE OF DEATH
 COUNTY OF Carroll
 CIVIL DISTRICT 11th
 CITY (OR TOWN) Huntingdon
 ADDRESS OF PLACE OF DEATH Huntingdon Rte 2
 (If death occurred in a hospital or institution, give NAME, not street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days

2. FULL NAME A J Bond
 (A) RESIDENCE Huntingdon Rte 2
 (Usual place of abode—If non-resident of place of death, give town and State)

CERTIFICATE OF DEATH
 STATE OF TENNESSEE
 DEPT. OF PUBLIC HEALTH
 DIVISION OF VITAL STATISTICS

STATE FILE NUMBER
4423

REG. No. 16
 REG. DIST. No. 93
 PRIM. REG. DIST. No. 40911
 To be inserted by Registrar

If war veteran, give war and military organization.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. RACE OR COLOR White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? Married
 (write the word)
 5A. HUSBAND OR WIFE of Beulah Kemp
 6. DATE OF BIRTH month May day 16th year 1858
 7. AGE yrs. 80 mos. 9 days 8 hrs. _____ mins.
 If LESS THAN ONE DAY
 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Farmer
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. on farm
 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) _____
 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION Life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3-24-39
 month day year
 22. I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM 3-21-39 TO 3-24-39
 1939 TO 1939
 I LAST SAW HIM ALIVE ON 3-24-39 DEATH IS SAID TO HAVE OCCURRED ON DATE STATED ABOVE, AT 3:00 A M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES IN ORDER OF ONSET WERE:
Broncho-Pneumonia DATE OF ONSET 3-20-39
Influenza 11A DATE OF ONSET 3-18-39

12. BIRTHPLACE (city or town) Tenn.
 (State or country)

FATHER
 13. NAME Andrew Bond
 14. BIRTHPLACE (city or town) Tenn.
 (State or country)
 MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (city or town) "
 (State or country)

17. INFORMANT
 (ADDRESS) Murray Bonds (Signature)

18. BURIAL, CREMATION OR REMOVAL McAuley Cem.
 CEMETERY PLACE Buena Vista Tenn

19. UNDERTAKER R F Dilday & Son
 (Firm name)
 ADDRESS Huntingdon Tenn BY R L Dilday

20. FILED Apr 7 1939 Mary Town
 Registrar

CONTRIBUTORY CAUSES OF IMPORTANCE
Influenza
 NAME OF OPERATION None DATE _____
 WHAT LAB. TEST CONFIRMED DIAGNOSIS? None AUTOPSY? no

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) GIVE FOLLOWING DATA:
 ACCIDENT, SUICIDE OR HOMICIDE? _____ DATE OF INJURY _____
 WHERE DID INJURY OCCUR? _____
 (Specify city or town, county and State)
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____
 MANNER OF INJURY _____
 NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION? no
 IF SO, SPECIFY _____
 (SIGNED) T. E. Massey M. D.
 (ADDRESS) Huntingdon, Tenn.