

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Beutown Co

Civil Dist. 4

OR
Village

OR
City

Registration District No. 40304

Primary Registration District No.

File No.

Registered No. 10

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

2 FULL NAME Amanda Jane Nolas

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Apr 10 1864
(Month) (Day) (Year)

7 AGE 61 yrs. 11 mos. 16 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Samuel Bond

11 BIRTHPLACE OF FATHER [State or country] Tenn.

12 MAIDEN NAME OF MOTHER Mrs. Pinston

13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] W.E. Nolas

[Address] Bevins Vista Tenn

15 Filed April 4 1926 B.H. Norwood REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 26 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 14 1926 to Mar 26 1926, that I last saw her alive on Mar. 21 1926 and that death occurred, on the date stated above, at 6 AM
The CAUSE OF DEATH* was as follows:

90
Influenza - and
Fatty degeneration of the heart
subacute duct [Duration] yrs. mos. ds. 12 ds.
Contributory Fatty degeneration of heart
[SECONDARY] [Duration] yrs. mos. ds. several yrs

Signature L.D. Murphy M. D.
Apr. 3 1926 Address Bevins Vista

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 Pleasant Hill Ceme. DATE OF BURIAL Mar. 27 1926

20 UNDERTAKER Jim Kee ADDRESS Bevins Vista Tenn

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.