

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 13OR
VillageOR
CityRegistration District No. 44413Primary Registration District No. 13

(No. , St.; Ward)

File No. 77417Registered No. 77

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

2 FULL NAME Bona Lula Carnahan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH Jan 7 - 1920
(Month) (Day) (Year)7 AGE 1 yrs. 10 mos. 15 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) X9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER Lopauit Carnahan11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Harriet Davis13 BIRTHPLACE OF MOTHER (State or country) Tenn.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Lopauit Carnahan
[Address] Whitelyville Tenn15 Nov 22 - 1921 J. D. Dunnes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov - 22 1921
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from June 15 - 1921 to Oct 11 - 1921, that I last saw her alive on Nov - 20 1921 and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Plea ColitisContributory [SECONDARY] _____
[Duration] yrs. mos. ds.Signed J. D. Dunnes M. D.
Nov 22 1921 Address Whitelyville

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, 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 1 yrs. 10 mos. 15 ds. In the State 1 yrs. 10 mos. 15 ds.
Where was disease contracted, if not at place of death? at home
Former or usual residence _____19 PLACE OF BURIAL OR REMOVAL Putney Bell County DATE OF BURIAL Nov - 23 192120 UNDERTAKER None ADDRESS _____

MARGIN RESERVED FOR BINDING - 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.