

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. 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

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

346

361

1 PLACE OF DEATH

County Jackson
Civil Dist. 14
or
Village _____
or
City _____ (No. _____, St.; _____ Ward)

Registration District No. 44414
Primary Registration District No. 14

File No. _____
Registered No. _____

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

2 FULL NAME Adam B. Bone, Kate Thomas

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>X</u>
6 DATE OF BIRTH <u>June 21, 1922</u> (Month) (Day) (Year)		
7 AGE <u>5</u> yrs. <u>7</u> mos. <u>7</u> ds.		8 LESS than 1 day, ---- hrs. or ---- min.?
9 OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
10 BIRTHPLACE (State or country) <u>Jackson County, X</u>		
PARENTS	10 NAME OF FATHER <u>Lecher Huffer</u>	
	11 BIRTHPLACE OF FATHER (State or country) _____	
	12 MAIDEN NAME OF MOTHER <u>Kate Thomas</u>	
	13 BIRTHPLACE OF MOTHER (State or country) _____	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 27, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:
Had - pneumonia

Contributory _____ (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) _____, M. D.
_____, 191____ (Address)

*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 _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Katie Huffer
(Address) North Main Street

15 Filed July 1, 1922 Berry Ray, X
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Tanner Home Yard DATE OF BURIAL June 28, 1922
20 UNDERTAKER Had - Thomas ADDRESS _____