

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.

1 PLACE OF DEATH

County Jackson
 Civil Dist 11
 OR
 Village _____
 OR
 City _____ (No. _____, St.; Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

20191

Registration District No. 4441A

File No. _____

Primary Registration District No. 11

Registered No. 8

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

2 FULL NAME Bonnie Jane Wade

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)

6 DATE OF BIRTH 3 26 1922
 (Month) (Day) (Year)

7 AGE 5 yrs. 5 mos. 27 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE Tenn.
 (State or country)

10 NAME OF FATHER Bill Wade

11 BIRTHPLACE OF FATHER Tenn.
 [State or country]

12 MAIDEN NAME OF MOTHER Lela Vinson

13 BIRTHPLACE OF MOTHER Tenn.
 [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Bill Wade
Hainsboro R 3
 [Address]

15 10/10 1927 L. L. Anderson
 Filed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 23 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Sept 18 1927 to Sept 23 1927, that I last saw her alive on Sept 23 1927 and that death occurred, on the date stated above, at 110 M

The CAUSE OF DEATH* was as follows: Acute Flu 114

[Duration] yrs. mos. 8 ds.
 Contributory [SECONDARY] Brancho Pne.

Signed L. L. Anderson M. D.
9/24 1927 Address Hainsboro

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

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 DATE OF BURIAL

Vinson Cem. 9/24 1927
 20 UNDERTAKER ADDRESS
Lem Royland Hainsboro

R. 3.