

1 PLACE OF DEATH

County PutnamCivil Dist. 16or Village Butterton

or City _____

Registration District No. 47216

Primary Registration District No. _____

(No. _____, St.; _____ Ward)

File No. 138

Registered No. _____

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

2 FULL NAME Bonnie Franklin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)6 DATE OF BIRTH 12 (Month) 26 (Day) 1901 (Year)7 AGE 20 yrs. 0 mos. 13 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) Tenn10 NAME OF FATHER Wesley Habor11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Luitha Roberts13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wesley Habor(Address) Butterton15 Filed Jan 22, 1922 Abie Mitchell REGISTRAR

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1st (Month) 26 (Day) 1922 (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 4th 1922 to Jan 26th 1922, that I last saw her alive on Jan 4th 1922, and that death occurred, on the date stated above, at 2 P. m.The CAUSE OF DEATH* was as follows:
Shred bed fever or 146
Cute Puerperal septicaemia
(Duration) ____ yrs. ____ mos. ____ ds.Contributory (SECONDARY) CA
(Duration) ____ yrs. ____ mos. ____ ds.(Signed) Thos. J. Ford M. D.
Jan 22 1922 (Address) Butterton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF 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 Butterton cemetery DATE OF BURIAL Jan 9, 192220 UNDERTAKER Johnson Undertaking ADDRESS Butterton 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.

C.M.P.