

MAY 21 1929 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.

**STATE OF TENNESSEE**  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**

13640

1 PLACE OF DEATH  
 County Putnam  
 Civil Dis. Put  
 or  
 Village \_\_\_\_\_  
 or  
 City Bona-Town (No. Bona-Town St.; \_\_\_\_\_ Ward)

Registration District No. 47217  
 Primary Registration District No. 17

2 FULL NAME Mrs. Bell Lankous. File No. \_\_\_\_\_  
 Reg. No. 3

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

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX F 4 COLOR OR RACE W 5 Single, Married, Widowed, Divorced, or Married.  
(Write the word)

6 DATE OF BIRTH \_\_\_\_\_ 1 \_\_\_\_\_  
(Month) (Day) (Year)

7 AGE abt 66 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER Smith

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Don't know.

13 BIRTHPLACE OF MOTHER " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Atts Lankous.  
 (Address) Bona-Town

15 May 21, 1929 Myrtle Duke  
 Filed \_\_\_\_\_ 19\_\_\_\_ Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH May 17, 1929  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at 3AM  
 The CAUSE OF DEATH\* was as follows: 2056  
Hemorrhage of lungs.  
No doctor in attendance  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ address \_\_\_\_\_

\*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 City Cemetery DATE OF BURIAL 5/19 1929  
Cashville

20 UNDERTAKER Jess Whetson & Co. ADDRESS City  
Cashville