

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 White
 Civil Dist. B-14
 OR
 Village Bonair
 OR
 City Tenn. (No. _____ St.; Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

1920

CERTIFICATE OF DEATH

Registration District No. 943
 Primary Registration District No. 14

File No. _____
 Registered No. 17
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Charlie Waymon Bryant

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec 6 1874
 (Month) (Day) (Year)

7 AGE 52 yrs. 8 mos. 3 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work miner 080
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Jim Bryant

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Sarah Ford

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] William Gordon

[Address] Bonair

15 Mary L Cameron
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from July 15 1927 to Aug 9 1927
 that I last saw him alive on Aug 9 1927
 and that death occurred, on the date stated above, at 3 PM

The CAUSE OF DEATH* was as follows:
Influenza 11a
Complicated by
Bronchial Pneumonia
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____
 [Duration] _____ yrs. _____ mos. _____ ds.

Signed E. B. Clark M. D.
 1927 Address Bonair Tenn.

* 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 Old Bonair DATE OF BURIAL Aug 10 1927

20 UNDERTAKER E. B. Clark ADDRESS Sparta Tenn.