

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County CarrallCivil Dist. 12OR
Village JackOR
City (No. , St.; Ward)Registration District No. 403/2File No. 2Primary Registration District No. 12Registered No. 2

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

2 FULL NAME Clara Halland

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 August 7, 1900
(Month) (Day) (Year)7 AGE 22 yrs. 9 mos. 12 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer) stepin house9 BIRTHPLACE (State or country) Carrall Co. Tenn.10 NAME OF FATHER J. D. Bond11 BIRTHPLACE OF FATHER [State or country] Benton Co. Tenn.12 MAIDEN NAME OF MOTHER Susan Bond13 BIRTHPLACE OF MOTHER [State or country] Benton Co. Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Urgel Bond[Address] Hallow Rock15 Filed 5/28, 1913 C. C. Hollingsworth
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 20, 1913
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from 5-10-1913 to 5-20-1913, that I last saw her alive on 5-20-1913 and that death occurred, on the date stated above, at 9 P. M.
The CAUSE OF DEATH* was as follows:Broncho Pneumonia[Duration] yrs. mos. 10 ds.Contributory [SECONDARY] measles + childbirthSigned S. L. Duncan, M. D.5-21-1913 Address Hallow Rock

* 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

19 PLACE OF BURIAL OR REMOVAL Mt. Carmel DATE OF BURIAL May 19, 191320 UNDERTAKER C. C. Hollingsworth ADDRESS Hallow Rock

MARGIN RESERVED FOR BINDING

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.