

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH County <u>Sullivan</u> Civil Dis. <u>17th</u> or Village City or <u>Bristol</u> (No. <u>619 7th</u> St.; <u>Ward</u>) <small>(If death occurred in a hospital or institution, give its NAME instead of street and number)</small>					STATE OF TENNESSEE STATE DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH Heart 11944 File No. <u>66</u> Reg. No. _____	
2. FULL NAME <u>William "Buck" Malone</u> (a) Residence: No. <u>619 7th</u> St., <u>Ward</u> <small>(Usual place of abode) (If nonresident give city or town State)</small>					Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.	
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>			21. DATE OF DEATH (month, day, and year) <u>May 7</u> , 19 <u>34</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Reddie Malone</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>May 4</u> 19 <u>34</u> , to <u>May 7</u> , 19 <u>34</u> I last saw him alive on <u>May 7</u> , 19 <u>34</u> , death is said to have occurred on the date stated above, at <u>5:15</u> p. m.	
6. DATE OF BIRTH (month, day, and year)					The principal cause of death and related causes of importance in order of onset were as follows: <u>Ch. Myocarditis</u>	
7. AGE	Years <u>84</u>	Months <u>83</u>	Days <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min. <u>27</u>	Date of onset <u>930</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>					Contributory causes of importance not related to principal cause: <u>Asthma</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>						
10. Date deceased last worked at this occupation (month and year) <u>✓</u> 11. Total time (years) spent in this occupation <u>✓</u>						
12. BIRTHPLACE (city or town) (State or country) <u>Lynn</u>					Name of operation _____ Date of _____	
13. NAME <u>Not known</u>					What test confirmed diagnosis? <u>Phys</u> Was there an autopsy? <u>no</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Lynn</u>					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ <small>(Specify city or town, county, and State)</small> Specify whether injury occurred in industry, in home, or in public place.	
15. MAIDEN NAME <u>Not known</u>					Manner of injury _____ Nature of injury _____	
16. BIRTHPLACE (city or town) (State or country) <u>Lynn</u>					24. Was disease or injury in any way related to occupation of deceased? <u>NO</u> If so, specify _____ (Signed) <u>Elwin A. Heard</u> M. D. <u>Bristol Tenn</u> (Address) _____	
17. INFORMANT <u>Mrs. Fay Thomason</u> (Address) <u>619 7th Street</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hines</u> Date <u>May 9</u> , 19 <u>34</u>						
19. UNDERTAKER <u>Aboard Funeral Home</u> (Address) <u>Bristol, Va.</u>						
20. FILED <u>June 8</u> , 19 <u>34</u> <u>John F. Finkbeiner</u> Registrar.						