

CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 185
REG. DIST. NO. 47207

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE WITH A PHOTOSTAT.

FORM 104

7207 23882

1. FULL NAME: John Tucker 2. DATE OF DEATH: 11-3-1947

3. PLACE OF DEATH: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
 A) COUNTY: Putnam CIVIL DISTRICT: 7th
 B) CITY OR TOWN: Double Springs
 C) NAME OF HOSPITAL: _____
 D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____

4. USUAL RESIDENCE: A) STATE: Tenn
 B) COUNTY: Putnam CIVIL DISTRICT: 7th
 C) CITY OR TOWN: Double Springs
 D) STREET NO.: _____
 E) CITIZEN OF FOREIGN COUNTRY: _____ (YES OR NO)
 IF YES, NAME COUNTRY: _____

5. SEX: Male 6. MARRIED: Widowed
 7. SINGLY MARRIED, WIDOWED, DIVORCED, OR SEPARATED

8. AGE: 87 YEARS MONTHS _____ DAYS _____ HRS. _____ MINS. _____

9. DATE OF BIRTH: MONTH Oct DAY 19 YEAR 1860

10. PLACE OF BIRTH: CITY OR COUNTY: Putnam STATE OR COUNTRY: Tenn

11. HUSBAND OR WIFE OF: _____
 AGE OF HUSBAND OR WIFE, IF LIVING: _____ YEARS

12. IF VETERAN: SOCIAL SECURITY NUMBER: _____

13. USUAL OCCUPATION: Layman

14. INDUSTRY OR BUSINESS: _____

15. FULL NAME: Lewis Tucker
 BIRTHPLACE: CITY OR COUNTY: Putnam STATE OR COUNTRY: Tenn

16. MAIDEN NAME: Malissa Williams
 BIRTHPLACE: CITY OR COUNTY: Putnam STATE OR COUNTRY: Tenn

17. INFORMANT: Wm. J. Brown
 ADDRESS: _____

18. BURIAL, REMOVAL OR CREMATION: Burial DATE: 11-4-47
 CEMETERY: Family PLACE: Double Springs

19. UNDERTAKER: Carroll Funeral Home
 ADDRESS: Cookville

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-3-1938 TO 11-2-1947 AND THAT I LAST SAW HIM ALIVE ON 11-2-1947 AND THAT DEATH OCCURRED ON THE DATE STATED AT 7:40 M.
 IMMEDIATE CAUSE OF DEATH: Hypertension
Chl. myocarditis
Coronary thrombosis
 DUE TO: _____

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH): _____
 OPERATION? FINDINGS: _____
 AUTOPSY? FINDINGS: _____

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
 A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____
 B) DATE OF OCCURRENCE: _____
 C) WHERE DID INJURY OCCUR: CITY _____ COUNTY _____ STATE _____
 DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____
 WHILE AT WORK _____ MEANS OF INJURY _____

SIGNATURE: J. Paul Perry M.D.
 ADDRESS: Cookville DATE SIGNED: 11-4-47
Tenn.

DATE FILED: 11-8-47 REGISTRAR: Core C. ...