

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

49-06679

BIRTH NO.

1. NAME Albert Sidney Cole 400

2. DATE OF DEATH March 21, 1949

3. COLOR OR RACE W	4. SEX M	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	6. DATE OF BIRTH March 18, 1874	7. AGE (IN YEARS) 75	8. IF UNDER 1 YR. MONTHS 0 DAYS 3	9. IF UNDER 24 HRS. HOURS 0 MINS.
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8. PLACE OF DEATH		9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)	
A. COUNTY Weakley	B. CIVIL DISTRICT 0 th	A. STATE Tenn	B. COUNTY Weakley C. CIVIL DISTRICT 8

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Sharon, Tenn. RFD #1	D. LENGTH OF STAY IN THIS PLACE 50 yrs	D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Sharon, Tenn RFD # 1
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E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location)	E. STREET (IF RURAL, GIVE LOCATION) ADDRESS
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10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Farmer	10B. KIND OF BUSINESS OR INDUSTRY Farmer	11. SOCIAL SECURITY NUMBER
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12. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY, YES, NO, UNKNOWN) No	13. BIRTHPLACE (State or Foreign Country) Camden Tenn.	14. CITIZEN OF WHAT COUNTRY? U. S. A.
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15. FATHER'S NAME Unknown	16. MOTHER'S MAIDEN NAME Unknown Polly Mitchell	17. INFORMANT Mr. F. D. Mount Sharon, Tenn RFD #1
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## MEDICAL CERTIFICATION

18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Ac Cardiac Dilatation	443 / hour
ANTECEDENT CAUSES	
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Chr Arterio-Sclerotic Hypertension	years
DUE TO (C)	
2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20A. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. FINDINGS AT AUTOPSY
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21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Build'g, etc.)	21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE STATE HEALTH DEPT.
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21D. TIME OF INJURY	21E. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
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22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE	
SIGNATURE M. H. Buckley	DATE 4/4/49

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23B. DATE OF BURIAL, CREMATION, OR REMOVAL March 23, 1949	23C. NAME OF Cemetery or Crematory Tansels	23D. LOCATION CITY, TOWN OR COUNTY STATE Weakley Co. Tenn.
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24. FUNERAL DIRECTOR Winstead - Murphy	ADDRESS Martin, Tenn.	25. REGISTRATION DIST NO. 49207	26. DATE SIGNED BY 4-7-49	27. REGISTRAR'S SIGNATURE
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