

CERTIFICATE OF DEATH

21080

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

REG. NO.	64
REG. DIST. NO.	31

1. FULL NAME Bessie E. Narwood 2. DATE OF DEATH Aug 22 1948

(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:

A) COUNTY Benton CIVIL DISTRICT 4

B) CITY OR TOWN Rural
(IF OUTSIDE CITY LIMITS, WRITE RURAL.)

C) NAME OF HOSPITAL _____
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)

D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY Life

4. USUAL RESIDENCE: A) STATE Tenn

B) COUNTY Benton CIVIL DISTRICT 4

C) CITY OR TOWN _____
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)

D) STREET NO. _____

E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)
IF YES, NAME COUNTRY _____

5. RACE OR COLOR W 6. SEX F 7. SINGLE Married, WIDOW Married

8. AGE 59 YEARS MONTHS 4 DAYS 16 IF LESS THAN ONE DAY HRS. _____ MINS. _____

9. DATE OF BIRTH: MONTH Apr DAY 6 YEAR 1889

10. PLACE OF BIRTH: CITY Chambers STATE OR COUNTRY Ky

11. HUSBAND OR WIFE OF W. A. Narwood

AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

12. IF VETERAN NAME OF WAR _____ SOCIAL SECURITY NUMBER none

13. USUAL OCCUPATION Domestic

14. INDUSTRY OR BUSINESS Own Home

FATHER 15. FULL NAME Robert Fullerton

BIRTHPLACE CITY OR COUNTRY unknown STATE OR COUNTRY _____

MOTHER 16. MAIDEN NAME Mary J. Chaney

BIRTHPLACE CITY OR COUNTRY unknown STATE OR COUNTRY _____

17. INFORMANT W. A. Narwood

ADDRESS Camden Tenn

18. BURIAL, REMOVAL OR CREMATION Burial DATE Aug 24 1948

CEMETERY Pleasant Hill PLACE _____

19. UNDERTAKER Stordell Malin

ADDRESS Camden Tenn BY Femin Malin

DATE FILED Oct. 17 1948 REGISTRAR C. H. Brown

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 1 1948 TO Aug 22 1948 AND THAT I LAST SAW HIM/LIVE ON Aug 22 1948 AND THAT DEATH OCCURRED ON THE DATE STATED AT 10:30.

IMMEDIATE CAUSE OF DEATH:

Pulmonary Tuberculosis

DURATION 3 years

DUE TO Pulmonary Tuberculosis

OTHER CONDITIONS: (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

OPERATION? FINDINGS _____

AUTOPSY? FINDINGS _____

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

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 _____

D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____

WHILE AT WORK MEANS OF INJURY _____

SIGNATURE _____ M.D.

ADDRESS Hallow Park DATE SIGNED 8/22/48

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 ATTENDING IS REQUIRED TO STATE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

THERE WAS NO ERROR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE CANCELLED BY LOCAL HEALTH OFFICER OR CORONER, IF INSTANT WAS HELD).

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