

CERTIFICATE OF DEATH

15004

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

REG. NO.	19
REG. DIST. NO.	92

0918

1. FULL NAME Bessie Eubanks 2. DATE OF DEATH July 12 1941
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
 A) COUNTY Carroll CIVIL DISTRICT 18
 B) CITY OR TOWN _____
(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 _____

4. LEGAL RESIDENCE:
 A) STATE Tenn.
 B) COUNTY Carroll CIVIL DISTRICT 18
 C) CITY OR TOWN _____
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
 D) STREET NO. _____
 E) IF FOREIGN BORN HOW LONG IN U.S.A. _____ YRS.

5. RACE OR COLOR W 6. SEX F 7. SINGLE, MARRIED, WIDOWED, DIVORCED Married
 8. AGE 38 5 12 IF LESS THAN ONE DAY
YEARS MONTHS DAYS HRS. MINS.

MEDICAL CERTIFICATION
 20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1 1941 TO July 12 1941
 AND THAT I LAST SAW HIM ALIVE ON June 21 1941
 AND THAT DEATH OCCURRED ON THE DATE STATED AT 5 P.M.

9. DATE OF BIRTH: MONTH Jan DAY 31 YEAR 1903

IMMEDIATE CAUSE OF DEATH:
Cancer of Cecum
 DURATION 6 to 8 yrs
 DUE TO: 46F

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

11. HUSBAND OR WIFE OF W. B. Eubanks
 AGE OF HUSBAND OR WIFE, IF LIVING 39 YEARS

12. IF VETERAN SOCIAL SECURITY NUMBER _____
 NAME OF WAR _____

13. USUAL OCCUPATION Housework

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)
 OPERATION? yes FINDINGS Cancer of Cecum
 AUTOPSY? _____ FINDINGS _____
 PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

14. INDUSTRY OR BUSINESS Own home

15. FULL NAME Bob Bonds

BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY Tenn.

16. MAIDEN NAME Sarah Blakney

BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY Tenn.

17. INFORMANT W. B. Eubanks

ADDRESS Bessie Vista Tenn.

18. BURIAL, REMOVAL OR CREMATION burial DATE 7/13 1941

CEMETERY Oak Grove PLACE Bessie Vista

19. UNDERTAKER J. J. Jolley & Son

ADDRESS Huntington BY R. L. Jolley

DATE FILED 7-23 1941 Mrs. Eva Morris
REGISTRAR

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
 D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____
 WHILE AT WORK _____ MEANS OF INJURY _____
 SIGNATURE _____ C. T. Cat M.D.
 ADDRESS July 12 41 DATE SIGNED _____

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.

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.

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

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