

STATE OF TENNESSEE

BIRTH NO.

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO.

54-07741

1. NAME **Charlie D. Hoy** 2. DATE OF DEATH **April 9- 1954**  
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **W:** 4. SEX **M** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Single** 6. DATE OF BIRTH **8/20/1911** 7. AGE (IN YEARS LAST BIRTHDAY) **42** 8. IF UNDER 1 YR. MONTHS **7** DAYS **19** 9. IF UNDER 24 HRS. HOURS MIN.

8. PLACE OF DEATH **Hardeman** 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) **Tennessee Benton**  
A. COUNTY B. CIVIL DISTRICT No. 1 A. STATE B. COUNTY C. CIVIL DISTRICT

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Near Bolivar, Rural** D. LENGTH OF STAY IN THIS PLACE **21 dys** D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Buena Vista, Tennessee**

E. NAME OF HOSPITAL (If not in Hospital or Institution, Give Street Address and Location) **Western State Hospital** E. STREET (IF RURAL, GIVE LOCATION) ADDRESS

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) **Farmer** 10B. KIND OF BUSINESS OR INDUSTRY **-** 11. SOCIAL SECURITY NUMBER **-**

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN **No** IF YES, GIVE WAR AND DATES OF SERVICE 13. BIRTHPLACE (State or Foreign Country) **Benton Co. Tennessee** 14. CITIZEN OF WHAT COUNTRY? **U.S.A.**

15. FATHER'S NAME **George W. Hoy-** 16. MOTHER'S MAIDEN NAME **Ada Kee** 17. INFORMANT ADDRESS **Tenn Mrs. Ada Hoy, Mother, Buena Vista,**

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* **(A) Suicide - by hanging, strangulation 974** INTERVAL BETWEEN ONSET AND DEATH

## ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH **Chr. undifferentiated schizophrenia 14 yrs 300.7**

19A. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20A. AUTOPSY YES  NO  20b. FINDINGS AT AUTOPSY

21A. ACCIDENT (SPECIFY) **Suicide** 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office/Build'g, etc.) **In hospital room** 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE **Western State Hospital, Near Bolivar, Tenn**

21D. TIME OF INJURY **Apr. 9-1954: 11:20 AM** 21E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21F. HOW DID INJURY OCCUR? **Strangulation- belt around neck, attached to window guard MAY 11 1954**

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE **David N. Sawhin** M.D. OTHER (SPECIFY)  ADDRESS **Western State Hospital, Tenn** DATE **4/9/54**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Removal** 23b. DATE OF BURIAL, CREMATION, OR REMOVAL **4/9/54** 23c. NAME OF Cemetery or Crematory 23d. LOCATION CITY, TOWN OR COUNTY STATE

24. FUNERAL DIRECTOR **Walter E. McShane** ADDRESS **Camden, Tenn** 25. REGISTRATION DIST. NO. **#3501** 26. DATE SIGNED BY LOCAL REG. **5-8-54** 27. REGISTRAR'S SIGNATURE **Dr. R. L. Cobb**

**By E. Purice, DePreg**

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN ATTENDING DEATH MEDICIAN ANCE, CER IF IN HELD) PLETE MEDIC TION. NATUI DELEG

ST IN JUST E OF SIGN ICA-TION. PHYSI-TEND- OFFI- ONER, WAS COM- SIGN ICA-TION. IF SIG- OT BE

007741X1954

## CAUSE OF DEATH.

ENTER ONLY ONE CAUSE PER LINE FOR A. B. C. \* THIS DOES NOT MEAN MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.