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FORM 120

CERTIFICATE OF DEATH

26024

DEPT. OF PUBLIC HEALTH — STATE OF TENNESSEE — DIV. OF VITAL STATISTICS

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

REG. NO.

REG. DIST. NO. 40911

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1. FULL NAME Florence Lee Nolen (FIRST MIDDLE LAST)

2. DATE OF DEATH Dec. 13 1948 (MONTH DAY YEAR)

3. PLACE OF DEATH
A) COUNTY Carroll CIVIL DISTRICT 11
B) CITY OR TOWN Huntingdon 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

4. USUAL RESIDENCE
A) STATE Tenn
B) COUNTY Carroll CIVIL DISTRICT 11
C) CITY OR TOWN Huntingdon R.F.D. (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, WIDOWED, DIVORCED
8. AGE 59 YEARS 3 MONTHS 5 DAYS IF LESS THAN ONE DAY HRS. MINS.
9. DATE OF BIRTH: MONTH Sept DAY 8 YEAR 1889
10. PLACE OF BIRTH: CITY OR COUNTY STATE OR COUNTRY Tenn
11. HUSBAND OR WIFE OF A. O. Nolen
AGE OF HUSBAND OR WIFE, IF LIVING 61 YEARS
12. IF VETERAN NAME OF WAR ✓ SOCIAL SECURITY NUMBER ✓
13. USUAL OCCUPATION Housewife
14. INDUSTRY OR BUSINESS ✓
15. FATHER FULL NAME James Clark
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Tenn
16. MOTHER MAIDEN NAME Martha Ann Norwood
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Tenn
17. INFORMANT A. O. Nolen
ADDRESS Huntingdon, Tenn
18. BURIAL, REMOVAL OR CREMATION Burial DATE 12/14 1948
CEMETERY Prospect PLACE Carroll Co.
19. UNDERTAKER Bruerton Funeral Home
ADDRESS Bruerton Tenn BY W. E. Brown
DATE FILED 12-20 1948 Mary F. Coleman Dep. REGISTPAR

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 1 1948 TO Dec 13 1948
AND THAT I LAST SAW HER ALIVE ON Dec 12 1948
AND THAT DEATH OCCURRED ON THE DATE STATED AT 3:30 P.M.

IMMEDIATE CAUSE OF DEATH: Hemorrhage of the stomach — DURATION 13 hr

DUE TO: Chronic Glomerulo nephritis — DURATION 1 yr

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 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 R. D. Wilson M.D.
ADDRESS Huntingdon DATE SIGNED 12-18-48

JAN 1 1949 STATE HEALTH DEPT.