

# CERTIFICATE OF DEATH

7322

DEPT. OF PUBLIC HEALTH      STATE OF TENNESSEE      DIV. OF VITAL STATISTICS  
 0923 COOPERATING WITH DEPT. OF COMMERCE      BUREAU OF THE CENSUS

REG. NO.	
REG. DIST. NO.	40923

IS A LEGAL REC- AND WILL BE ANENTLY FILED.

RITE LEGIBLY USE INK

ITEMS MUST BE PLETE AND AC- DATE.

UNDERTAKER, OR ON ACTING AS, IS RESPONS- FOR FILING THE PLETED CERTIFI- WITH THE REG- AR OF THE DIS- T WHERE DEATH URRED.

PHYSICIAN LAST ATTENDANCE IS IRED TO STATE CAUSE OF DEATH SIGN THE MED- CERTIFICATION.

THERE WAS NO OR IN ATTEND- G, MEDICAL CER- ATION TO BE PLETED BY LO- HEALTH OFFICER CORONER, IF IN- T WAS HELD).

CERTIFIED ES ARE MADE A PHOTOSTAT.

FORM 104

1. FULL NAME <u>Delma D. Norwood</u>		2. DATE OF DEATH <u>April 10, 1948</u>	
3. PLACE OF DEATH:		4. USUAL RESIDENCE	
A) COUNTY <u>Carroll</u>	CIVIL DISTRICT <u>23<sup>rd</sup></u>	A) STATE <u>Tenn.</u>	CIVIL DISTRICT <u>23<sup>rd</sup></u>
B) CITY OR TOWN <u>Rural</u>	(IF OUTSIDE CITY LIMITS, WRITE RURAL)	C) CITY OR TOWN <u>Huntingdon, Rte 5</u>	(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
C) NAME OF HOSPITAL _____	(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)	D) STREET NO. _____	
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY <u>2 Mo.</u>		E) CITIZEN OF FOREIGN COUNTRY <u>No</u>	(YES OR NO) IF YES, NAME COUNTRY _____
5. RACE OR COLOR <u>White</u>	6. SEX <u>Male</u>	7. <input checked="" type="checkbox"/> SINGLE, MARRIED, WIDOWED, DIVORCED	
8. AGE <u>25</u> YEARS	<u>6</u> MONTHS	<u>21</u> DAYS	IF LESS THAN ONE DAY HRS. MINS.
9. DATE OF BIRTH: MONTH <u>September</u> DAY <u>19</u> YEAR <u>1922</u>			
10. PLACE OF BIRTH: CITY OR COUNTY <u>Carroll</u> STATE OR COUNTRY <u>Tenn.</u>			
11. HUSBAND OR WIFE OF _____			
AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS			
12. IF VETERAN _____ NAME OF WAR _____	SOCIAL SECURITY NUMBER _____		
13. USUAL OCCUPATION <u>Farmer</u>			
14. INDUSTRY OR BUSINESS _____			
FATHER	15. FULL NAME <u>Luke D. Norwood</u>		
	BIRTHPLACE CITY OR COUNTY <u>Benton</u> STATE OR COUNTRY <u>Tenn.</u>		
MOTHER	16. MAIDEN NAME <u>Luiza Ellis</u>		
	BIRTHPLACE CITY OR COUNTY <u>Benton</u> STATE OR COUNTRY <u>Tenn.</u>		
17. INFORMANT <u>Mrs L.D. Norwood</u>	ADDRESS <u>Huntingdon, Tenn. Rte. 5</u>		
18. BURIAL, REMOVAL OR CREMATION <u>Buried</u>	DATE <u>April 12, 1948</u>		
CEMETERY <u>Pleasant Hill Place Benton Co. Tenn.</u>			
19. UNDERTAKER <u>Brunnitt Funeral Home</u>	ADDRESS <u>McHenry, Tenn</u> BY <u>H.B. Brunnitt</u>		
DATE FILED <u>4-20-48</u>	REGISTRAR <u>Mary J. Coleman</u>		
MEDICAL CERTIFICATION			
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Apr. 1</u> 19 <u>48</u> TO <u>Apr. 10</u> 19 <u>48</u> AND THAT I LAST SAW HIM ALIVE ON <u>Apr. 8</u> 19 <u>48</u> AND THAT DEATH OCCURRED ON THE DATE STATED AT <u>6 A.M.</u>			
IMMEDIATE CAUSE OF DEATH:			DURATION
<u>Pneumonia</u>			<u>2 Years</u>
<u>Tuberculosis</u>			<u>13 B</u>
DUE TO: _____			
OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)			
OPERATION? FINDINGS		PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY	
AUTOPSY? FINDINGS			
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 <u>Hallow B. C. T. Co. M.D.</u>			
ADDRESS <u>Hallow B. C. T. Co.</u>		DATE SIGNED <u>4/10/48</u>	