

0924

CERTIFICATE OF DEATH

7160

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

REG. NO. 271
REG. DIST. 93

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY
USE INK

1. FULL NAME 0924 Elbert Rowland Boyd 2. DATE OF DEATH April 17 1942
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
A) COUNTY Carroll CIVIL DISTRICT 24
B) CITY OR TOWN West Part Tenn.
(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 24th
C) CITY OR TOWN West Part Tennessee
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. _____
E) CITIZEN OF FOREIGN COUNTRY no (YES OR NO)
IF YES, NAME COUNTRY _____

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA 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.

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

ALL CERTIFIED COPIES ARE MADE WITH A PHOTOSTAT.

5. RACE OR COLOR W 6. SEX M 7. SINGLE, MARRIED, WIDOWED, DIVORCED W
8. AGE 73 YEARS MONTHS _____ DAYS _____ HRS. _____ MINS. _____
IF LESS THAN ONE DAY
9. DATE OF BIRTH: MONTH Jan DAY _____ YEAR 1869
10. PLACE OF BIRTH: CITY OR COUNTY Carroll STATE OR COUNTRY Tenn.
11. HUSBAND OR WIFE OF Alice Hall
AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

MEDICAL CERTIFICATION
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Apr 1 - 1942 TO Apr 17 1942
AND THAT I LAST SAW HIM LIVE ON Apr 16 1942
AND THAT DEATH OCCURRED ON THE DATE STATED AT 12 P.M.
IMMEDIATE CAUSE OF DEATH: Cardio-Renal Disease
DURATION 131A

12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____
NAME OF WAR _____
13. USUAL OCCUPATION Farmer
14. INDUSTRY OR BUSINESS Farming
15. FATHER'S FULL NAME Joshua Boyd
BIRTHPLACE CITY OR COUNTY Carroll STATE OR COUNTRY Tenn.

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

16. MOTHER'S MAIDEN NAME Martha M. Auley
BIRTHPLACE CITY OR COUNTY Carroll STATE OR COUNTRY Tenn.
17. INFORMANT Willie Boyd
ADDRESS West Part, Tenn.
18. BURIAL, REMOVAL OR CREMATION Burial DATE 4-18 1942
CEMETERY Garrison Place West Part

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? _____

19. UNDERTAKER R. F. Dilday & Son
ADDRESS Huntingdon BY R. F. Dilday
DATE FILED April 18 1942 Manly REGISTRAR

WHILE AT WORK _____ MEANS OF INJURY _____
SIGNATURE C. T. Cot M.D.
ADDRESS West Part DATE SIGNED Apr 17 42