

# CERTIFICATE OF DEATH

28603

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

REG. NO.	2
REG. DIST. NO.	9

0916  
1  
0916

1. FULL NAME Ephraim J. Mose 2. DATE OF DEATH Dec 9 1941  
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:

A) COUNTY Carroll CIVIL DISTRICT 16  
B) CITY OR TOWN Buna Vista, 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 16  
C) CITY OR TOWN Buna Vista, Tenn  
(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 M 7. SINGLE  MARRIED  
WIDOWED, DIVORCED  
8. AGE 73 9 19 IF LESS THAN ONE DAY  
YEARS MONTHS DAYS HRS. MINS.

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 6th, 1941 TO Dec. 8th, 1941  
AND THAT I LAST SAW HIM ALIVE ON Dec. 8th, 1941  
AND THAT DEATH OCCURRED ON THE DATE STATED AT 8 AM

9. DATE OF BIRTH: MONTH Feb DAY 20 YEAR 1868

IMMEDIATE CAUSE OF DEATH:

<u>Myocardial failure</u>	DURATION <u>3 Mos</u>
<u>Heart failure</u>	<u>Sudden</u>

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

11. HUSBAND OR WIFE OF Elza Mose  
AGE OF HUSBAND OR WIFE, IF LIVING \_\_\_\_\_ YEARS

DUE TO: Hypertension 4 Yrs  
102

12. IF VETERAN  SOCIAL SECURITY NUMBER   
NAME OF WAR \_\_\_\_\_

13. USUAL OCCUPATION Retired Farmer

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) \_\_\_\_\_

14. INDUSTRY OR BUSINESS \_\_\_\_\_

FATHER 15. FULL NAME Margan Mose

OPERATION? FINDINGS \_\_\_\_\_

BIRTHPLACE CITY OR COUNTY Carroll STATE OR COUNTRY Tenn

AUTOPSY? FINDINGS \_\_\_\_\_

MOTHER 16. MAIDEN NAME Unknown

BIRTHPLACE CITY OR COUNTY Unknown STATE OR COUNTRY \_\_\_\_\_

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

17. INFORMANT J. Harry Moore

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) \_\_\_\_\_

ADDRESS Bruceston, Tenn

B) DATE OF OCCURRENCE \_\_\_\_\_

18. BURIAL, REMOVAL OR CREMATION Burial DATE 12/16 1941  
PLACE Carroll

C) WHERE DID INJURY OCCUR \_\_\_\_\_ CITY COUNTY STATE

19. UNDERTAKER Bruceston Funeral Home

D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? \_\_\_\_\_

ADDRESS Bruceston, Tenn BY W. G. Brown

WHILE AT WORK \_\_\_\_\_ MEANS OF INJURY \_\_\_\_\_

DATE FILED Feb - 2 1942 Mrs Lora Moore

SIGNATURE L. E. Trevathan M.D.

REGISTRAR STATE HEALTH DEPT.

ADDRESS Bruceston, Tenn. DATE SIGNED 12, 30, 41

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 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 IN-QUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE BY PHOTOSTAT.