

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

WRITE PLAINLY WITH PERMANENT INK OR TYPEW

PHYSICIAN ATTENDING AT DEATH: CLARENCE WILSON, M.D. (Held) Complete Medical Certificate of Signature Delegated.

CAUSE OF DEATH. ENTER ONLY ONE CAUSE PER LINE FOR A, B, C. \* THIS DOES NOT MEAN MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, 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.

FORM 120

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

STATE OF TENNESSEE

BIRTH NO. 144-53-037261

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

53-17303

1. NAME Garald Ray Butler 2. DATE OF DEATH Aug 2 1953

3. COLOR OR RACE white 4. SEX male 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) single 6. DATE OF BIRTH July 31 1953 7. AGE (IN YEARS LAST BIRTHDAY) 1953 8. IF UNDER 1 YR. MONTHS 3 DAYS 3 9. IF UNDER 24 HRS. HOURS 3 MINS.

8. PLACE OF DEATH 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)

A. COUNTY Carroll B. CIVIL DISTRICT 11 A. STATE Tenn B. COUNTY Carroll C. CIVIL DISTRICT 18

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Huntingdon D. LENGTH OF STAY IN THIS PLACE 1 day D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) rural

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) Wilson Clinic E. STREET (IF RURAL, GIVE LOCATION) ADDRESS Buena Vista Rt 2

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Infant 10B. KIND OF BUSINESS OR INDUSTRY Home 11. SOCIAL SECURITY NUMBER None

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

15. FATHER'S NAME Herman Butler 16. MOTHER'S MAIDEN NAME Lila Mai Norden 17. INFORMANT ADDRESS Herman Butler, Buena Vista Rt 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (A) Hemorrhagic disease of newborn INTERVAL BETWEEN ONSET AND DEATH 77/10

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 CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

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

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, Build'g, etc.) 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE

21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE R. B. Wilson M.D.  OTHER (SPECIFY) Huntingdon Tenn ADDRESS Huntingdon Tenn DATE 8-6-1953

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL Aug 2 1953 23C. NAME OF Cemetery or Crematory Oak Grove Cem. 23D. LOCATION CITY, TOWN OR COUNTY STATE Carroll Co Tenn

24. FUNERAL DIRECTOR ADDRESS KL Wilson Huntingdon Tenn 25. REGISTRATION DIST. NO. 40911 26. DATE SIGNED BY LOCAL REG. 8-10-53 27. REGISTRAR'S SIGNATURE Blagden Cap-Dep