

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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATE WITHIN 72 HOURS AFTER DEATH.

CAUSE OF DEATH. MODE OF DEATH. HEART DISEASE, ETC., WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON POSING AS FUNERAL DIRECTOR 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.

4800  
10  
4800

DEPARTMENT OF PUBLIC HEALTH - CERTIFICATE OF DEATH - DIVISION OF VITAL STATISTICS  
STATE OF TENNESSEE

BIRTH NO. \_\_\_\_\_ DEATH NO. 58-01400

1. NAME Henry D. Mitchell 2. DATE OF DEATH 1-7-1958  
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE W 4. SEX M 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 6. DATE OF BIRTH 3-21-1871 7. AGE (IN YEARS LAST BIRTHDAY) 86 8. IF UNDER 1 YR. MONTHS 9 DAYS 16 9. IF UNDER 24 HRS. HOURS \_\_\_\_\_ MINS. \_\_\_\_\_

8. PLACE OF DEATH A. COUNTY Lake B. CIVIL DISTRICT # 2 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Lake C. CIVIL DISTRICT # 2 D. CITY OR TOWN Leptonville E. INSIDE CITY LIMITS? YES  NO  F. STREET ADDRESS (OR LOCATION) R 1 G. IS RESIDENCE ON A FARM? YES  NO

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Retired Farmer 10B. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. SOCIAL SECURITY NUMBER \_\_\_\_\_ 12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN no IF YES, GIVE WAR OR DATES OF SERVICE \_\_\_\_\_ 13. BIRTHPLACE (State or Foreign Country) Tennessee 14. CITIZEN OF WHAT COUNTRY? U. S. A. 15. NAME OF HUSBAND OR WIFE Mrs. Della Mitchell 16. FATHER'S NAME Kearney Mitchell 17. MOTHER'S MAIDEN NAME Unknown 18. INFORMANT ADDRESS Fine Mitchell, R 1, Leptonville, Tenn.

19. CAUSE OF DEATH (Enter only one cause per line for (A), (B), (C)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Colonial Leukemia 331 36 hr. DUE TO (B) \_\_\_\_\_ DUE TO (C) \_\_\_\_\_ Conditions, if any, which gave rise to above cause (A); stating the underlying cause last \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A) \_\_\_\_\_ 20. WAS AUTOPSY PERFORMED? YES  NO

21A. ACCIDENT  SUICIDE  HOMICIDE  21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I, or, Part II of Item 19) \_\_\_\_\_ 21C. TIME OF INJURY: HOUR \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ 21D. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.) \_\_\_\_\_ 21F. PLACE OF INJURY CITY, STATE, COUNTY, STATE \_\_\_\_\_

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE [Signature] M.D.  D.O.  OTHER (SPECIFY) \_\_\_\_\_ ADDRESS [Address] DATE 1/9/58

23A. BURIAL, CREMATION, OR REMOVAL (SPECIFY) Burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL 1-9-1958 23C. NAME OF Cemetery or Crematory Cowles Chapel Cemetery 23D. LOCATION CITY, TOWN OR COUNTY STATE Benton County, Tenn.

24. FUNERAL DIRECTOR ADDRESS Curry and Peacock, Leptonville, Tenn. 25. REGISTRATION DIST. NO. 44802 26. DATE SIGNED BY LOCAL REG. 1-9-58 27. REGISTRAR'S SIGNATURE Betty Ann Barry, Deputy

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - PUBLIC HEALTH SERVICE

