

# CERTIFICATE OF DEATH

# 24893\*

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

REG. NO.	77
REG. DIST. NO.	31

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

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.

1. FULL NAME JAMES HENRY COLE 2. DATE OF DEATH OCT. 29 1946

3. PLACE OF DEATH:  
 A) COUNTY Benton CIVIL DISTRICT 4th  
 B) CITY OR TOWN RURAL (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. USUAL RESIDENCE A) STATE Tenn.  
 B) COUNTY Benton CIVIL DISTRICT 4th  
 C) CITY OR TOWN Camden (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)  
 D) STREET NO. \_\_\_\_\_  
 E) CITIZEN OF FOREIGN COUNTRY \_\_\_\_\_ (YES OR NO)  
 IF YES, NAME COUNTRY \_\_\_\_\_

5. RACE OR COLOR W. 6. SEX M. 7. SINGLE, MARRIED, WIDOWED, DIVORCED married  
 8. AGE 87 YEARS MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ HRS. \_\_\_\_\_ MINS. \_\_\_\_\_  
 9. DATE OF BIRTH: MONTH 11 DAY 14 YEAR 1859  
 10. PLACE OF BIRTH: CITY OR COUNTY Benton STATE OR COUNTRY TENN.  
 11. HUSBAND OR WIFE OF MARY MITCHELL COLE  
 AGE OF HUSBAND OR WIFE, IF LIVING 85 YEARS  
 12. IF VETERAN \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
 NAME OF WAR NO NONE.

13. USUAL OCCUPATION FARMER  
 14. INDUSTRY OR BUSINESS \_\_\_\_\_  
 15. FULL NAME JAMES COLE  
 BIRTHPLACE CITY OR COUNTY Benton STATE OR COUNTRY TENN.  
 16. MAIDEN NAME MARY MITCHELL  
 BIRTHPLACE CITY OR COUNTY Benton STATE OR COUNTRY \_\_\_\_\_

17. INFORMANT Mrs. Lewis Allen  
 ADDRESS Camden, Tenn.  
 18. BURIAL, REMOVAL OR CREMATION BURIAL DATE 10-30 46  
 CEMETERY Pierce PLACE Camden  
 19. UNDERTAKER Sockdale-Ting  
 ADDRESS Camden BY L.H. Smith  
 DATE FILED Dec. 10 1946 C. N. Barnes REGISTRAR

**MEDICAL CERTIFICATION**  
 20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 19 1945 TO Oct. 29 1946  
 AND THAT I LAST SAW HIM ALIVE ON Dec 27 1946  
 AND THAT DEATH OCCURRED ON THE DATE STATED AT \_\_\_\_\_ M.

IMMEDIATE CAUSE OF DEATH: Myocardial infarction  
 DUE TO: Hypertension  
 OTHER CONDITIONS \_\_\_\_\_ (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)  
 OPERATION? \_\_\_\_\_ FINDINGS \_\_\_\_\_  
 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 L. E. Venathan M.D.  
 ADDRESS Benton, Tenn. DATE SIGNED 12/6/46

DURATION
<u>9257</u>
<u>5-6 mo</u>
<u>93D</u>
PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY