

CERTIFICATE OF DEATH

23300

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

44001

REG. NO.	211
REG. DIST. NO.	401

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 John Culppepper Green 2. DATE OF DEATH Oct 14 1945
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
 A) COUNTY Henry CIVIL DISTRICT 1
 B) CITY OR TOWN Rural
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
 C) NAME OF HOSPITAL Private Rt 6
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
 D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY 10 days
 4. USUAL RESIDENCE A) STATE Tenn
 B) COUNTY Henry CIVIL DISTRICT 1
 C) CITY OR TOWN Paris DISTRICT 1
(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 _____

5. RACE OR COLOR W 6. SEX M 7. SINGLE, MARRIED, WIDOWED
WIDOWED, DIVORCED
 8. AGE 83 YEARS 10 MONTHS 4 DAYS IF LESS THAN ONE DAY
HRS. MINS.
 9. DATE OF BIRTH: MONTH Dec DAY 10 YEAR 1861
 10. PLACE OF BIRTH: CITY Carrico STATE OR COUNTY Tenn
 11. HUSBAND OR WIFE OF Mamma Jayson
 AGE OF HUSBAND OR WIFE, IF LIVING ✓ YEARS

12. IF VETERAN ✓ SOCIAL SECURITY NUMBER _____
 NAME OF WAR ✓

13. USUAL OCCUPATION Farmen
 14. INDUSTRY OR BUSINESS Farming
 15. FULL NAME Culppepper Green
CITY OR BIRTHPLACE COUNTY STATE OR COUNTY Carrico Tenn
 16. MAIDEN NAME Manny Taylor
CITY OR BIRTHPLACE COUNTY STATE OR COUNTY Carrico Tenn

17. INFORMANT L. O. Green
 ADDRESS 324 Campbell, Detroit, Mich

18. BURIAL, REMOVAL OR CREMATION Burial DATE Oct. 15 1945
 CEMETERY Old Hollow Road PLACE Hollow Rock, Tenn.

19. UNDERTAKER Dilday & Son
 ADDRESS Huntingdon, Tenn. BY W. E. Wigford

DATE FILED Nov. 29 1945 REGISTRAR Lamie A. Bond

MEDICAL CERTIFICATION
 I, _____, HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 10 1945 TO Oct 13 1945
 AND THAT I LAST SAW HIM ALIVE ON Oct 13 1945
 AND THAT DEATH OCCURRED ON THE DATE STATED AT 2 a.m.

IMMEDIATE CAUSE OF DEATH: Cerebral hemorrhage
 DUE TO: hypertension
 DURATION 10 hrs
 PHYSICIAN not known

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

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
 A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____
 DATE OF OCCURRENCE _____

C) WHERE DID INJURY OCCUR _____
CITY COUNTY STATE
 DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____

WHILE AT WORK _____ MEANS OF INJURY _____
 SIGNATURE Henryetta Veltman M.D.
 ADDRESS Paris, Tenn. DATE SIGNED 11/29/45