

CERTIFICATE OF DEATH

14201

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

REG. NO. 40918
REG. DIST. NO. 91

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.

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1. FULL NAME Jonah J. Butler 2. DATE OF DEATH July 4 1947

3. PLACE OF DEATH: _____

A) COUNTY Carrall CIVIL DISTRICT 18

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 Carrall CIVIL DISTRICT 18
C) CITY OR TOWN Buena Vista, Ct. 2
(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 69 10 23 IF LESS THAN ONE DAY
YEARS MONTHS DAYS HRS. MINS.

9. DATE OF BIRTH: MONTH Aug. DAY 15 YEAR 1877

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

11. HUSBAND OR WIFE OF Addie McAuley
AGE OF HUSBAND OR WIFE, IF LIVING 67 YEARS

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

13. USUAL OCCUPATION Farmer

14. INDUSTRY OR BUSINESS own farm

15. FULL NAME Levi Butler
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Tenn.

16. MAIDEN NAME Laura Reeder
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Tenn.

17. INFORMANT E. Nail Butler
ADDRESS 5030 W. 17th Ave. Herkhardt, Tenn.

18. BURIAL, REMOVAL OR CREMATION Burial DATE July 10 1947
CEMETERY Oak Grove PLACE Buena Vista, Tenn.

19. UNDERTAKER Dillard & Son AUG 8 1947
ADDRESS Huntingdon BY _____

DATE FILED 7-24 1947 Mary Frances Coleman REGISTRAR

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1945 TO July 8 1947
AND THAT I LAST SAW HIM ALIVE ON July 3 1947
AND THAT DEATH OCCURRED ON THE DATE STATED AT 6P M.
IMMEDIATE CAUSE OF DEATH: Coronary Thrombosis
DURATION Instant

DUE TO: Arteriosclerosis and Hypertension
OTHER CONDITIONS mild diabetes
(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)
OPERATION? no FINDINGS _____
AUTOPSY? no 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 Ray A Douglas M.D.
ADDRESS Huntingdon DATE SIGNED July 21 1947