

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

51-13735

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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN IN ATTENDANCE, HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD) MUST COMPLETE AND SIGN MEDICAL CERTIFICATION. SIGNATURE OF SIGNATURE MUST BE NOT BE

CAUSE OF DEATH. ONE LINE FOR EACH CAUSE. DO NOT WRITE IN MARGINS. SIGNATURE OF PHYSICIAN MUST BE PLACED IN THIS SPACE.

FURNER DIRECTOR OR PERSON DISPOSING OF PERSON 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.

BIRTH NO.		DEPARTMENT OF PUBLIC HEALTH						CERTIFICATE OF DEATH		DIVISION OF VITAL STATISTICS							
1. NAME		FIRST			MIDDLE		LAST		2. DATE OF DEATH								
Julia Ida Robison		June 12, 1951		MONTH		DAY		YEAR									
3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)		6. DATE OF BIRTH		7. AGE (IN YEARS LAST BIRTHDAY)		8. IF UNDER 1 YR. MONTHS DAYS		9. IF UNDER 24 HRS. HOURS MINS.							
White	Female	Widowed		Dec. 13, 1874		76											
8. PLACE OF DEATH						9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)											
A. COUNTY			B. CIVIL DISTRICT			A. STATE			B. COUNTY			C. CIVIL DISTRICT					
Madison			1			Tenn.			Madison								
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)						D. LENGTH OF STAY IN THIS PLACE						D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)					
Bemis												Bemis					
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location)						E. STREET (IF RURAL, GIVE LOCATION) ADDRESS											
10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)						10B. KIND OF BUSINESS OR INDUSTRY						11. SOCIAL SECURITY NUMBER					
Housework						Own Home						None					
12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN						13. BIRTHPLACE (State or Foreign Country)						14. CITIZEN OF WHAT COUNTRY?					
No						Tennessee						U.S.A.					
15. FATHER'S NAME				16. MOTHER'S MAIDEN NAME				17. INFORMANT				ADDRESS					
James R. Rogers				Mary Boyd				Rupert Robison, Bemis, Tennessee									
18. CAUSE OF DEATH												INTERVAL BETWEEN ONSET AND DEATH					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*												63 days					
ANTECEDENT CAUSES																	
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.																	
DUE TO (B) Hypertension																	
DUE TO (C) Chronic nephritis																	
2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH																	
Diabetic's mellitus																	
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION								20A. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20B. FINDINGS AT AUTOPSY			
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)				21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, Bu'd'g, etc.)				21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE									
								Buena Vista Tenn.									
21D. TIME OF INJURY MONTH DAY YEAR HOUR				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21F. HOW DID INJURY OCCUR?									
								Slips while walking									
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE												DATE					
SIGNATURE												Bemis Tenn		6-15-51			
23A. BURIAL, CREMATION, REMOVAL (SPECIFY)				23B. DATE OF BURIAL, CREMATION, OR REMOVAL				23C. NAME OF Cemetery or Crematory				23D. LOCATION CITY, TOWN OR COUNTY STATE					
Burial				June 13, 1951				Oak Grove				Buena Vista Tenn.					
24. FUNERAL DIRECTOR				ADDRESS				25. REGISTRATION DIST. NO.		26. DATE SIGNED BY		27. REGISTRAR'S SIGNATURE					
R. C. Reidy				Nashville, Tenn.				4-5701		June 21-1951		Mrs. Beula M. L. Linnick					