Dr Trentham

CERTIFICATE OF DEATH

17787

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

REG. NO. 58
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: Lucy (FIRST) Jane (MIDDLE) Trench (LAST) — 2. DATE OF DEATH: 9/10 (MONTH/DAY) 1945 (YEAR)

3. PLACE OF DEATH:
A) COUNTY: Benton — CIVIL DISTRICT: 5th
B) CITY OR TOWN: Camden (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: 5th
C) CITY OR TOWN: Camden R#5 (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: F — 7. SINGLE, MARRIED, (WIDOWED) DIVORCED

8. AGE: 66 YEARS — 8 MONTHS — 7 DAYS — IF LESS THAN ONE DAY: HRS. MINS.

9. DATE OF BIRTH: MONTH April DAY 3 YEAR 1879

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

11. HUSBAND OR WIFE OF: ✓
AGE OF HUSBAND OR WIFE, IF LIVING: YEARS

12. IF VETERAN — NAME OF WAR: — SOCIAL SECURITY NUMBER:

13. USUAL OCCUPATION: At Home

14. INDUSTRY OR BUSINESS

FATHER
15. FULL NAME: Bill Cole
BIRTHPLACE: CITY OR COUNTY Benton — STATE OR COUNTRY Tenn

MOTHER
16. MAIDEN NAME: Dill Mitchell
BIRTHPLACE: CITY OR COUNTY Benton — STATE OR COUNTRY Tenn

17. INFORMANT: P. L. Trench
ADDRESS: Camden, Tenn

18. BURIAL, REMOVAL OR CREMATION: Burial — DATE: 9/12 1945
CEMETERY: Crown Rocks — PLACE: Camden, Tenn

19. UNDERTAKER: Camden Funeral Home
ADDRESS: Camden Tenn. — BY: Mrs N. E. Brown

DATE FILED: Oct 8 1945 — E. V. Barnes REGISTRAR

OCT 10 1945
STATE HEALTH DEPT.

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 10 1945 TO Sept. 10 1945
AND THAT I LAST SAW H~~IM~~ ALIVE ON Sept 4 1945
AND THAT DEATH OCCURRED ON THE DATE STATED AT M.

IMMEDIATE CAUSE OF DEATH: Angina Pectoris — DURATION: 3 mos.
DUE TO: Myocardial degeneration — 4 yrs
DUE TO: Hypertension — 10 years

OTHER CONDITIONS (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)
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. Trentham M.D.
ADDRESS: Princeton — DATE SIGNED: 10/6/45

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