

Dr. Jonathan

0305

CERTIFICATE OF DEATH

4169

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

REG. NO.	13
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.

FORM 104

0305

1. FULL NAME Logan Horwood 2. DATE OF DEATH Feb. 26 1945
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH: A) COUNTY Benton CIVIL DISTRICT 5th
B) CITY OR TOWN Camden, 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. LEGAL RESIDENCE: A) STATE Tenn
B) COUNTY Benton CIVIL DISTRICT 5th
C) CITY OR TOWN R#3
(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
8. AGE 34 YEARS 11 MONTHS 21 DAYS IF LESS THAN ONE DAY HRS. MINS.
9. DATE OF BIRTH: MONTH Mar DAY 5 YEAR 1910

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 Farming

14. INDUSTRY OR BUSINESS _____

FATHER 15. FULL NAME Arzo Horwood
BIRTHPLACE CITY OR COUNTY Benton STATE OR COUNTRY Tenn

MOTHER 16. MAIDEN NAME Dona Abbott
BIRTHPLACE CITY OR COUNTY Carroll STATE OR COUNTRY Tenn

17. INFORMANT M. E. Horwood
ADDRESS Camden, Tenn. R#2

18. BURIAL, REMOVAL OR CREMATION Burial DATE _____ 19_____
CEMETERY Pleasant Hill PLACE Camden, Tenn

19. UNDERTAKER Camden General Home
ADDRESS Camden, Tenn BY John H. E. Brown

DATE FILED Apr 9 1945 C. H. Barner REGISTRAR

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 14 1945 TO Feb. 26 1945 AND THAT I LAST SAW HIM ALIVE ON 25 1945 AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.

IMMEDIATE CAUSE OF DEATH:
Pulmonary T. B.
diabetes mellitus
myocardial degeneration
DUE TO: _____

DURATION
<u>10 yrs.</u>
<u>38 yrs.</u>
<u>13 yrs.</u>
<u>15 B</u>

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. Jonathan M.D.
ADDRESS Benton DATE SIGNED 3/6/45