

Dr. Douglas

# CERTIFICATE OF DEATH

16512

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS  
0305- COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO.	57
REG. DIST. NO.	81

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 Lura Francis Webb 2. DATE OF DEATH Aug. 1 1947  
(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. USUAL RESIDENCE \_\_\_\_\_ A) STATE Tenn.  
 B) COUNTY Benton CIVIL DISTRICT 5th  
 C) CITY OR TOWN R #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 F 7. SINGLE, MARRIED  
WIDOWED, DIVORCED

8. AGE 60 YEARS MONTHS 9 DAYS 13 HRS. \_\_\_\_\_ MINS. \_\_\_\_\_  
IF LESS THAN ONE DAY

9. DATE OF BIRTH: MONTH Oct. DAY 19 YEAR 1886

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

11. HUSBAND OR WIFE OF George Webb  
AGE OF HUSBAND OR WIFE, IF LIVING 60 YEARS

12. IF VETERAN \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
NAME OF WAR \_\_\_\_\_

13. USUAL OCCUPATION at Home

14. INDUSTRY OR BUSINESS \_\_\_\_\_

15. FULL NAME Bill Cole

BIRTHPLACE Benton CITY OR COUNTY Tenn.

16. MAIDEN NAME Delinda Mitchell

BIRTHPLACE Benton CITY OR COUNTY Tenn.

17. INFORMANT Mrs. J. J. Waters

ADDRESS Camden, Tenn. St. #1

18. BURIAL, REMOVAL OR CREMATION Burial DATE 8/2 1947

CEMETERY Cowles Chapel PLACE Camden, Tenn.

19. UNDERTAKER Camden Funeral Home

ADDRESS Camden, Tenn. BY Miss H. L. Bivins

DATE FILED Sept. 4 1947 C. B. Barnes

REGISTRAR

### MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 1 1947 to Aug 1 1947  
AND THAT I LAST SAW HIM ALIVE ON July 25 1947  
AND THAT DEATH OCCURRED ON THE DATE STATED AT \_\_\_\_\_ M.

IMMEDIATE CAUSE OF DEATH: Cerebral Thrombosis  
DURATION one day  
DUE TO: Hypertension and Arteriosclerosis years

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) \_\_\_\_\_

OPERATION? no FINDINGS \_\_\_\_\_

AUTOPSY? no 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 Pop A Douglas M.D.

ADDRESS Huntington DATE SIGNED Aug 20 1947