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DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

STATE OF TENNESSEE

57-00045

BIRTH NO.

DEATH NO.

1. NAME *Mary* FIRST *Kathrine* MIDDLE *Fowler* LAST 2. DATE OF DEATH *Jan 29 1957* MONTH DAY YEAR3. COLOR OR RACE *W* 4. SEX *F* 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) *Widowed* 6. DATE MONTH DAY YEAR OF BIRTH *Feb 20 1876* 7. AGE (IN YEARS LAST BIRTHDAY) *80* IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINS.8. PLACE OF DEATH A. COUNTY *Benton* B. CIVIL DISTRICT *8* 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE *Tenn.* COUNTY *Benton* C. CIVIL DISTRICT *8*C. CITY OR TOWN *Big Sandy* D. LENGTH OF STAY IN THIS PLACE *Life* D. CITY OR TOWN *Big Sandy* E. INSIDE CITY LIMITS? YES NO E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) F. INSIDE CITY LIMITS? YES NO F. STREET ADDRESS (OR LOCATION) *Big Sandy* G. IS RESIDENCE ON A FARM? YES NO 10a. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) *Domestic* 10b. KIND OF BUSINESS OR INDUSTRY 11. SOCIAL SECURITY NUMBER 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE13. BIRTHPLACE (State or Foreign Country) *Tenn* 14. CITIZEN OF WHAT COUNTRY? 15. NAME OF HUSBAND OR WIFE *Oscar Fowler*16. FATHER'S NAME *Mark Cole* 17. MOTHER'S MAIDEN NAME *Pally Mitchell* 18. INFORMANT ADDRESS *Clyde Fowler Camden Tenn*

MEDICAL CERTIFICATION

19. CAUSE OF DEATH Enter only one cause per line for (A), (B), (C) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) *CORONARY Thrombosis 442 30 min.*

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last

DUE TO (B) *HYPERTENSIVE - CARDIO-VASCULAR*DUE TO (C) *- RENAL DISEASE*INTERVAL BETWEEN ONSET AND DEATH *4201 10 yrs.*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

20. WAS AUTOPSY PERFORMED? YES NO 21a. ACCIDENT SUICIDE HOMICIDE 21b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)21c. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M. *FEB 15 1957*21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21e. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.) 21f. PLACE OF STATE HEALTH DEPT. INJURY CITY, TOWN OR RURAL COUNTY STATE22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE *R L Horton* M.D. D.O. OTHER (SPECIFY) ADDRESS *Camden Tenn* DATE *Feb. 7 1957*23a. BURIAL, CREMATION, REMOVAL (SPECIFY) *Burial* 23b. DATE OF BURIAL, CREMATION, OR REMOVAL *1-31-57* 23c. NAME OF Cemetery or Crematory *Shiloh* 23d. LOCATION CITY, TOWN OR COUNTY STATE *Camden Tenn*24. FUNERAL DIRECTOR ADDRESS *Stockdale-Malin Camden Tenn* 25. REGISTRATION DIST. NO. *40308* 26. DATE SIGNED BY LOCAL REG. *2-13-57* 27. REGISTRAR'S SIGNATURE *Imogene Robins, Dep.*