

# CERTIFICATE OF DEATH

Dr. <sup>\*</sup> Butler 1  
8927  
REG. NO. 48501  
REG. DIST. NO. 957

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

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY  
USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.

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 Mrs. Mary Lena Rice David 2. DATE OF DEATH April 13, 1946  
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:  
A) COUNTY Tipton CIVIL DISTRICT 1  
B) CITY OR TOWN 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 Life

4. LEGAL RESIDENCE: A) STATE Tenn.  
B) COUNTY Tipton CIVIL DISTRICT 1  
C) CITY OR TOWN Covington, Tenn. R. 4  
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)  
D) STREET NO. \_\_\_\_\_  
E) CITIZEN OF FOREIGN COUNTRY No (YES OR NO)  
IF YES, NAME COUNTRY \_\_\_\_\_

5. RACE OR COLOR White 6. SEX Female 7. SINGLE, MARRIED, WIDOWED, DIVORCED Widowed  
8. AGE 79 5 16 IF LESS THAN ONE DAY  
YEARS MONTHS DAYS HRS. MINS.

MEDICAL CERTIFICATION  
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3-12-1946 TO 4-9-1946  
AND THAT I LAST SAW HER ALIVE ON 4-9-1946  
AND THAT DEATH OCCURRED ON THE DATE STATED AT 6 A.M.

9. DATE OF BIRTH: MONTH Oct. DAY 27 YEAR 1865  
10. PLACE OF BIRTH: CITY OR COUNTY Tipton Co. STATE OR COUNTRY Tenn.  
11. HUSBAND OR WIFE OF Not living  
AGE OF HUSBAND OR WIFE, IF LIVING \_\_\_\_\_ YEARS

IMMEDIATE CAUSE OF DEATH:  
Cancer of liver  
DURATION 46 F

12. IF VETERAN \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
NAME OF WAR \_\_\_\_\_  
13. USUAL OCCUPATION House Keeper

DUE TO: \_\_\_\_\_  
OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) \_\_\_\_\_  
PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

14. INDUSTRY OR BUSINESS \_\_\_\_\_  
15. FATHER FULL NAME James N. Rice  
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Va.  
16. MOTHER MAIDEN NAME Bettie Goforth  
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Tenn.

OPERATION? FINDINGS \_\_\_\_\_  
AUTOPSY? FINDINGS \_\_\_\_\_  
21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

17. INFORMANT Mrs. Bass Shoaf  
ADDRESS Covington, Tenn. Route # 4

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) \_\_\_\_\_  
B) DATE OF OCCURRENCE \_\_\_\_\_  
C) WHERE DID INJURY OCCUR \_\_\_\_\_ CITY COUNTY STATE

18. BURIAL, REMOVAL OR CREMATION Burial DATE 4-14-1946  
CEMETERY Leigh Chapel PLACE Near Covington

DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? \_\_\_\_\_

19. UNDERTAKER Maley Funeral Home  
ADDRESS Covington BY W. R. [Signature]

WHILE AT WORK MEANS OF INJURY \_\_\_\_\_  
SIGNATURE [Signature] M.D.  
ADDRESS Covington, Tenn. DATE SIGNED 4-23-46

DATE FILED 4-24-1946 Sallie Mai Bryant REGISTRAR