DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

BIRTH NO. 0302 10 0302

DEATH NO. 52-14673

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN IN ATTENDANCE, HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD) MUST COMPLETE AND SIGN MEDICAL CERTIFICATION. IF SIGNATURE IS NOT BY DELEG

CAUSE OF DEATH. ENTER ONE CAUSE PER LINE FOR A, B AND C. PART I SHOULD NOT DUPLICATE CODE OF DYING CONDITION. CHASE HEART FAILURE, ASPHYXIA, ETC. IT MERELY INDICATES THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

FORM 120

1. NAME — FIRST: Parley; MIDDLE: Jones; LAST: French

2. DATE OF DEATH — MONTH: June; DAY: 29; YEAR: 1952

3. COLOR OR RACE: W

4. SEX: M

5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed

6. DATE OF BIRTH — MONTH DAY YEAR: April 19 82

7. AGE (IN YEARS LAST BIRTHDAY): 70

IF UNDER 1 YR. — MONTHS / DAYS:

IF UNDER 24 HRS. — HOURS / MINS.:

8. PLACE OF DEATH

A. COUNTY: Benton

B. CIVIL DISTRICT: 2

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Rural

D. LENGTH OF STAY IN THIS PLACE: 2 yr

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location):

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)

A. STATE: Tenn B. COUNTY: Benton C. CIVIL DISTRICT: 2

D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Rural

E. STREET ADDRESS (IF RURAL, GIVE LOCATION):

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Farming

10B. KIND OF BUSINESS OR INDUSTRY:

11. SOCIAL SECURITY NUMBER: None

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN:

IF YES, GIVE WAR AND DATES OF SERVICE:

13. BIRTHPLACE (State or Foreign Country): Tenn

14. CITIZEN OF WHAT COUNTRY?

15. FATHER'S NAME: Jim French

16. MOTHER'S MAIDEN NAME: Julina Green

17. INFORMANT — ADDRESS: Mrs Grace Holley Holladay Tenn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A): Cancer of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B): None

DUE TO (C): None

2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None

AUG 12 1952 STATE HEALTH DEPT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20A. AUTOPSY YES ☐ NO ☒

20B. FINDINGS AT AUTOPSY:

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY):

21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Bld'g, etc.):

21C. PLACE OF INJURY — CITY, TOWN OR RURAL / COUNTY / STATE:

21D. TIME OF INJURY — MONTH DAY YEAR HOUR:

21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE: L. E. Hewitt M.D. ☒ OTHER (SPECIFY) ☐

ADDRESS: Bruceton Tenn

DATE: July 23 52

23A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

23B. DATE OF BURIAL, CREMATION, OR REMOVAL: 6-30-52

23C. NAME OF Cemetery or Crematory: Palestine

23D. LOCATION CITY, TOWN OR COUNTY / STATE: Holladay Tenn

24. FUNERAL DIRECTOR / ADDRESS: Stockdale-Malin Camden Tenn

25. REGISTRATION DIST. NO.: 3002

26. DATE SIGNED BY LOCAL REG.: 8-7-52

27. REGISTRAR'S SIGNATURE: C. D. Barnes