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BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DIVISION OF VITAL STATISTICS

DEATH NO. 50-17034

1. NAME: Rebecca (FIRST) Florence (MIDDLE) French (LAST)

2. DATE OF DEATH: July (MONTH) 23 (DAY) 1950 (YEAR)

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH (MONTH DAY YEAR)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	IF UNDER 1 YR. DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MINS.
W	F	Married	Aug 28 1871	78				

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: Life
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): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. SOCIAL SECURITY NUMBER: None

12. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY, YES, NO, OR UNKNOWN)
IF YES, GIVE WAR AND DATES OF SERVICE:
13. BIRTHPLACE (State or Foreign Country): Benton Co
14. CITIZEN OF WHAT COUNTRY?

15. FATHER'S NAME: Price O'Ford
16. MOTHER'S MAIDEN NAME: Mary King
17. INFORMANT: Mrs H Hadley ADDRESS: Holladay Tenn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A)	Arteriosclerosis	Years
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)		450.0
DUE TO (C)		
2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20A. AUTOPSY	20B. FINDINGS AT AUTOPSY
		YES ☐ NO ☑	

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Bufld'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?

RECEIVED SEP 1 1950 STATE HEALTH DEPT.

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

SIGNATURE	M.D.	OTHER (SPECIFY)	ADDRESS	DATE
Roy Dooley	☑		Huntingdon	July 26 1950

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)	23B. DATE OF BURIAL, CREMATION, OR REMOVAL	23C. NAME OF Cemetery or Crematory	23D. LOCATION CITY, TOWN OR COUNTY	STATE
Burial	7-24-1950	Palestine	Holladay	Tenn

24. FUNERAL DIRECTOR	ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Stockdale-Mathis	Camden Tenn	31	7-24-50	C. D. Barnes