0924 0924

CERTIFICATE OF DEATH

113

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

REG. NO. 163
REG. DIST. NO. 93

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 PHOTOSTAT.

Dr. Cox

FORM 104

1. FULL NAME (FIRST MIDDLE LAST) Sarah Alice Boyd — 2. DATE OF DEATH (MONTH DAY YEAR) Jan. 22, 1941

3. PLACE OF DEATH:
A) COUNTY Carroll — CIVIL DISTRICT 24
B) CITY OR TOWN Westport (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. LEGAL RESIDENCE:
A) STATE Tenn.
B) COUNTY Carroll — CIVIL DISTRICT 24
C) CITY OR TOWN Westport (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO.
E) IF FOREIGN BORN HOW LONG IN U.S.A. YRS.

5. RACE OR COLOR: W — 6. SEX: F — 7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. AGE: 72 YEARS 2 MONTHS DAYS — IF LESS THAN ONE DAY: HRS. MINS.

9. DATE OF BIRTH: MONTH Nov. DAY YEAR 1868

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

11. HUSBAND OR WIFE OF E R Boyd
AGE OF HUSBAND OR WIFE, IF LIVING 71 YEARS

12. IF VETERAN NAME OF WAR ✓ — SOCIAL SECURITY NUMBER ✓

13. USUAL OCCUPATION Housework

14. INDUSTRY OR BUSINESS Own home

FATHER
15. FULL NAME Unknown
BIRTHPLACE CITY OR COUNTY " STATE OR COUNTRY

MOTHER
16. MAIDEN NAME "
BIRTHPLACE CITY OR COUNTY " STATE OR COUNTRY

17. INFORMANT Ella Bailey
ADDRESS Buena Vista Tenn.

18. BURIAL, REMOVAL OR CREMATION burial — DATE Jan. 23, 1941
CEMETERY Jamison — PLACE Westport Tenn

19. UNDERTAKER Dilday & Son
ADDRESS Huntingdon — BY R. L. Dilday

DATE FILED Jan. 23 1941 — Mary Tolleson REGISTRAR

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1 1935 TO Jan 22 1941
AND THAT I LAST SAW HER ALIVE ON Jan 15 1941
AND THAT DEATH OCCURRED ON THE DATE STATED AT 6 P. M.

IMMEDIATE CAUSE OF DEATH: Cardio-Renal disease — DURATION 6 Yrs 10 Mos

DUE TO: — 131A

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

OPERATION? FINDINGS

AUTOPSY? 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 C T Cox M.D.
ADDRESS Westport — DATE SIGNED Jan 22-41