

# CERTIFICATE OF DEATH

11520

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

REG. NO.	140924
REG. DIST. NO.	91

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY  
USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

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 <u>William Edward Nolen</u>			2. DATE OF DEATH <u>June 11, 1946</u>		
3. PLACE OF DEATH:			4. USUAL RESIDENCE		
A) COUNTY <u>Carroll</u> CIVIL DISTRICT <u>24</u>			A) STATE <u>Tenn.</u>		
B) CITY OR TOWN <u>rural</u> <small>(IF OUTSIDE CITY LIMITS, WRITE RURAL)</small>			B) COUNTY <u>Carroll</u> CIVIL DISTRICT <u>24</u>		
C) NAME OF HOSPITAL _____			C) CITY OR TOWN <u>Buena Vista Rt 2</u> <small>(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)</small>		
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____			D) STREET NO. _____		
5. RACE OR COLOR <u>W</u>			E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO) IF YES, NAME COUNTRY _____		
6. SEX <u>M</u>			7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>married</u>		
8. AGE <u>50</u> YEARS <u>0</u> MONTHS <u>28</u> DAYS			IF LESS THAN ONE DAY HRS. _____ MINS. _____		
9. DATE OF BIRTH: MONTH <u>May</u> DAY <u>13</u> YEAR <u>1896</u>			MEDICAL CERTIFICATION		
10. PLACE OF BIRTH: CITY OR COUNTY _____ STATE OR COUNTRY <u>Tenn.</u>			I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>June 10</u> 19 <u>46</u> TO <u>June 11</u> 19 <u>46</u>		
11. HUSBAND OR WIFE <u>Viola Nolen</u>			AND THAT I LAST SAW HIM ALIVE ON <u>June 10</u> 19 <u>46</u>		
AGE OF HUSBAND OR WIFE, IF LIVING <u>46</u> YEARS			AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.		
12. IF VETERAN NAME OF WAR <u>World I</u> SOCIAL SECURITY NUMBER <u>---</u>			IMMEDIATE CAUSE OF DEATH:		
13. USUAL OCCUPATION <u>Pensioner</u>			<u>Branch of pneumonia</u>		
14. INDUSTRY OR BUSINESS <u>World War I</u>			DUE TO <u>Chronic Bronchitis</u>		
15. FULL NAME <u>Wesley Nolen</u>			OTHER CONDITIONS _____		
BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY <u>Tenn.</u>			(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)		
16. MAIDEN NAME <u>Dicie Ann Houge,</u>			OPERATION? FINDINGS _____		
BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY <u>Tenn.</u>			AUTOPSY? FINDINGS _____		
17. INFORMANT <u>Eldith Butler</u>			21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:		
ADDRESS <u>Westport Tennessee.</u>			A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____		
18. BURIAL, REMOVAL OR CREMATION <u>burial</u> DATE <u>June 12, 1946</u>			B) DATE OF OCCURRENCE _____		
CEMETERY <u>Mt Comfort</u> PLACE <u>Yuma Tenn.</u>			C) WHERE DID INJURY OCCUR _____ CITY COUNTY STATE		
19. UNDERTAKER <u>Dilday &amp; Son</u>			D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____		
ADDRESS <u>Huntingdon</u> BY <u>R. B. Wilson</u>			WHILE AT WORK MEANS OF INJURY _____		
DATE FILED <u>6-22-46</u> REGISTRAR <u>R. B. Wilson</u>			SIGNATURE <u>R. B. Wilson</u> M.D.		
			ADDRESS <u>Huntingdon</u> DATE SIGNED <u>6-11-46</u>		