

Dr. [Signature]

CERTIFICATE OF DEATH

20417

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
0304 COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 54
REG. DIST. NO. 31

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.

FORM 104

1. FULL NAME George Washington Hargis 2. DATE OF DEATH Sept. 18 1946
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
A) COUNTY Benton CIVIL DISTRICT 2
B) CITY OR TOWN Bremen, R#1
(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. USUAL RESIDENCE A) STATE Tenn.
B) COUNTY _____ CIVIL DISTRICT 4
C) CITY OR TOWN Bremen, Tenn. R#1
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. _____
E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)
IF YES, NAME COUNTRY _____

5. RACE OR COLOR W 6. SEX M 7. SINGLE, ~~MARRIED~~ WIDOWED, DIVORCED
8. AGE 76 YEARS 7 MONTHS 18 DAYS IF LESS THAN ONE DAY HRS. MINS.

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug. 27 1946 TO Sept. 19 1946 AND THAT I LAST SAW HIM ALIVE ON Sept. 17 1946 AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.
IMMEDIATE CAUSE OF DEATH: Carcinoma of Stomach

9. DATE OF BIRTH: MONTH Jan DAY 30 YEAR 1870
10. PLACE OF BIRTH: CITY OR COUNTY Carroll STATE OR COUNTRY Tenn
11. HUSBAND OR WIFE OF Ada Hargis
AGE OF HUSBAND OR WIFE, IF LIVING 68 YEARS

DURATION 1 year
46B
DUE TO: _____

12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____
NAME OF WAR _____
13. USUAL OCCUPATION Farmer
14. INDUSTRY OR BUSINESS Farmer

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____
OPERATION? FINDINGS _____
AUTOPSY? FINDINGS _____
PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

FATHER 15. FULL NAME Abraham Hargis
BIRTHPLACE CITY OR COUNTY Carroll STATE OR COUNTRY Tenn
MOTHER 16. MAIDEN NAME Nancy Jane Wright
BIRTHPLACE CITY OR COUNTY N.C. STATE OR COUNTRY _____

17. INFORMANT Mr. Adam Hargis
ADDRESS Bremen, Tenn. R#1

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? _____

18. BURIAL, REMOVAL OR CREMATION Burial DATE 9/19 1946
CEMETERY Shelby Hill PLACE Cambus, Tenn.

19. UNDERTAKER Cambus Funeral Home
ADDRESS Cambus, Tenn. BY Mrs. N.E. [Signature]

DATE FILED Nov. 9 1946 C. H. Barnes REGISTRAR

WHILE AT WORK _____ MEANS OF INJURY _____
SIGNATURE J. E. [Signature] M.D.
ADDRESS [Signature] 46 DATE SIGNED 9/30/46