0306
0306

CERTIFICATE OF DEATH

13381

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

REG. NO. 38
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.

1. FULL NAME Teskue (FIRST) Black (LAST) — 2. DATE OF DEATH July (MONTH) 6 (DAY) 1945 (YEAR)

3. PLACE OF DEATH:
A) COUNTY Benton — CIVIL DISTRICT 6
B) CITY OR TOWN Rural (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 Life

4. LEGAL RESIDENCE:
A) STATE Tenn
B) COUNTY Benton — CIVIL DISTRICT
C) CITY OR TOWN Camden Tenn Rt 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	6. SEX	7. SINGLE, MARRIED, WIDOWED OR DIVORCED
W	F	Married

8. AGE	MONTHS	DAYS	IF LESS THAN ONE DAY
25 YEARS	3	6	HRS. MINS.

9. DATE OF BIRTH: MONTH April DAY 1 YEAR 1920

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

11. HUSBAND OR WIFE OF Mendell Black
AGE OF HUSBAND OR WIFE, IF LIVING 22 YEARS

12. IF VETERAN NAME OF WAR — SOCIAL SECURITY NUMBER None

13. USUAL OCCUPATION Domestic

14. INDUSTRY OR BUSINESS

FATHER
15. FULL NAME Wm A Norwood
BIRTHPLACE CITY OR COUNTY Benton STATE OR COUNTRY Tenn

MOTHER
16. MAIDEN NAME Bessie Hamner
BIRTHPLACE CITY OR COUNTY unknown STATE OR COUNTRY Ky

17. INFORMANT W. A. Norwood
ADDRESS Camden Tenn

18. BURIAL, REMOVAL OR CREMATION Burial DATE 7-8 1945
CEMETERY Pleasant Hill PLACE Camden Tenn

19. UNDERTAKER Stockdale-King
ADDRESS Camden Tenn BY R.O. Stockdale

DATE FILED July 27 1945 E. H. Barnes REGISTRAR

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 1 1945 TO July 6 1945
AND THAT I LAST SAW HER ALIVE ON July 4 1945
AND THAT DEATH OCCURRED ON THE DATE STATED AT 8P M.

IMMEDIATE CAUSE OF DEATH: Pulmonary Tuberculosis — DURATION 2 yrs

DUE TO:

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:
RECEIVED AUG 11 1945 STATE REGISTRAR
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 Harlem Post DATE SIGNED 7/5/45

FORM 104