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BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS  
STATE OF TENNESSEE

DEATH NO. **57-29094**

1. NAME **Rachel Douglas** 2. DATE OF DEATH **Nov 13 1957**  
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **W** 4. SEX **F** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Widowed** 6. DATE MONTH DAY YEAR OF BIRTH **March 9 1876** 7. AGE (IN YEARS LAST BIRTHDAY) **81** IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH A. COUNTY **Benton** B. CIVIL DISTRICT **3** 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE **Tenn** B. COUNTY **Benton** C. CIVIL DISTRICT **3**

C. CITY OR TOWN **Camden** D. LENGTH OF STAY IN THIS PLACE **Life** D. CITY OR TOWN **Camden** E. INSIDE CITY LIMITS? YES  NO

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) **Home** F. INSIDE CITY LIMITS? YES  NO  F. STREET ADDRESS (OR LOCATION) G. IS RESIDENCE ON A FARM? YES  NO

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) **Honesty** 10B. KIND OF BUSINESS OR INDUSTRY 11. SOCIAL SECURITY NUMBER 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE

13. BIRTHPLACE (State or Foreign Country) **Tenn** 14. CITIZEN OF WHAT COUNTRY? 15. NAME OF HUSBAND OR WIFE **J. O. Douglas**

16. FATHER'S NAME **Carney Mitchell** 17. MOTHER'S MAIDEN NAME **Betsy's Corp.** 18. INFORMANT ADDRESS **Wegly Douglas Camden**

19. CAUSE OF DEATH Enter only one cause per line for (A), (B), (C) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) **Cerebral Hemorrhage 331** INTERVAL BETWEEN ONSET AND DEATH **4 days** DUE TO (B) DUE TO (C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A) 20. WAS AUTOPSY PERFORMED? YES  NO

21A. ACCIDENT SUICIDE HOMICIDE    21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, if from 19) **RECEIVED**

21C. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M. **DEC 17 1957**

21D. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.) 21F. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE **W. H. Black** M.D.  D.O.  OTHER (SPECIFY) ADDRESS **Camden Tenn** DATE **11/22/57**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION OR REMOVAL **11-15-57** 23C. NAME OF Cemetery or Crematory **Cross Roads** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Camden Tenn**

24. FUNERAL DIRECTOR **Stoddard Melin** ADDRESS **Camden** 25. REGISTRATION DIST. NO. **40303** 26. DATE SIGNED BY **12/16/59** 27. REGISTRAR'S SIGNATURE **Inogene Robins, Dep.**

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELETED.

CAUSE OF DEATH. MODE OF HEART (HEMIA, E DIS- Y, OR WHICH DIRECTOR PROBING FILE WITH LOCAL RE AFTER DEATH OR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - PUBLIC HEALTH SERVICE