

5882

CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

REG. NO. 458

REG. DIST. NO. 581

26898

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.

1. FULL NAME <u>Lydia Jane Temple</u>		2. DATE OF DEATH <u>12-4-39</u>	
3. PLACE OF DEATH:		4. LEGAL RESIDENCE:	
A) COUNTY <u>Madison</u> CIVIL DISTRICT <u>5th</u>	B) COUNTY <u>Madison</u> CIVIL DISTRICT <u>5th</u>	A) STATE <u>Tenn</u>	
B) CITY OR TOWN <u>Jackson</u> (IF OUTSIDE CITY LIMITS, WRITE RURAL.)	C) CITY OR TOWN <u>Jackson</u> (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)	B) COUNTY <u>Madison</u> CIVIL DISTRICT <u>5th</u>	
C) NAME OF HOSPITAL <u>519 Way St</u> (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)	D) STREET NO. <u>519 Way St</u>	C) CITY OR TOWN <u>Jackson</u>	
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____	E) IF FOREIGN BORN HOW LONG IN U.S.A. _____ YRS.	D) STREET NO. <u>519 Way St</u>	
5. RACE OR COLOR <u>W</u>	6. SEX <u>F</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED	
8. AGE <u>33</u> YEARS MONTHS _____ DAYS _____ HRS. _____ MINS. _____	IF LESS THAN ONE DAY		
9. DATE OF BIRTH: MONTH <u>Feb</u> DAY _____ YEAR <u>1906</u>	MEDICAL CERTIFICATION		
10. PLACE OF BIRTH: CITY OR COUNTY <u>Carroll Tenn</u> STATE OR COUNTRY <u>Tenn</u>	20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19 _____ TO _____ 19 _____		
11. HUSBAND OR WIFE OF <u>R. B. Temple</u> AGE OF HUSBAND OR WIFE, IF LIVING <u>39</u> YEARS	AND THAT I LAST SAW HIM ALIVE ON _____ 19 _____		
12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____	AND THAT DEATH OCCURRED ON THE DATE STATED AT <u>64</u> M.		
13. USUAL OCCUPATION <u>at home</u>	IMMEDIATE CAUSE OF DEATH:		
14. INDUSTRY OR BUSINESS _____	Diagnosis not made		
15. FULL NAME <u>Billie Harwood</u>	Been sick quite a while and		
BIRTHPLACE CITY OR COUNTY <u>Carroll Tenn</u> STATE OR COUNTRY <u>Tenn</u>	DUE TO <u>was in delirium & could not get a history possibly influenza</u>		
16. MAIDEN NAME <u>Florence Boyd</u>	OTHER CONDITIONS _____		
BIRTHPLACE CITY OR COUNTY <u>Carroll Tenn</u> STATE OR COUNTRY <u>Tenn</u>	(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)		
17. INFORMANT <u>R. B. Temple</u>	OPERATION? FINDINGS <u>62</u>		
ADDRESS <u>Jackson</u>	AUTOPSY? FINDINGS _____		
18. BURIAL, REMOVAL OR CREMATION <u>Burial</u> DATE <u>12-5-39</u>	21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:		
CEMETERY <u>Pretnuse</u> PLACE <u>Carroll Co</u>	A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____		
19. UNDERTAKER <u>Smith Funeral Home</u>	B) DATE OF OCCURRENCE _____		
ADDRESS <u>Jackson</u> BY <u>Telro</u>	C) WHERE DID INJURY OCCUR _____		
DATE FILED <u>12-5-1939</u> Mrs. H.E. Berry REGISTRAR	D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____		
	WHILE AT WORK _____ MEANS OF INJURY _____		
	SIGNATURE <u>R. S. Brown</u> M.D.		
	ADDRESS <u>17-4 Jackson</u> DATE SIGNED <u>12-4-39</u>		