

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 BY A PHOTOSTAT.

FORM 104

CERTIFICATE OF DEATH

6623

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

REG. NO. 16
REG. DIST. NO. 31

1. FULL NAME Lucian Thomas Brackin 2. DATE OF DEATH 4/3/43
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
A) COUNTY Benton CIVIL DISTRICT 3rd
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 5yrs

4. LEGAL RESIDENCE: A) STATE Tenn.
B) COUNTY Benton CIVIL DISTRICT 3rd
C) CITY OR TOWN Rural
(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 Married
8. AGE 61 YEARS 2 MONTHS 6 DAYS IF LESS THAN ONE DAY HRS. MINS.

MEDICAL CERTIFICATION
I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 1 1941 TO Sept. 3 1943
AND THAT I LAST SAW HIM ALIVE ON Mar. 15 1943
AND THAT DEATH OCCURRED ON THE DATE STATED AT 3 A.M.

9. DATE OF BIRTH: MONTH Jan. DAY 31 YEAR 1882

IMMEDIATE CAUSE OF DEATH:
Heart attack, found dead in bed.
DUE TO: Mitral Regurgitation
DURATION 92 B

10. PLACE OF BIRTH: CITY OR COUNTY _____ STATE OR COUNTRY Arkansas

11. HUSBAND OR WIFE OF Lula Mae Reed
AGE OF HUSBAND OR WIFE, IF LIVING 54 YEARS

12. IF VETERAN _____ SOCIAL SECURITY NUMBER 414-09-6586
NAME OF WAR No

13. USUAL OCCUPATION Government Employee

14. INDUSTRY OR BUSINESS W.P.A.

15. FULL NAME Leon Brackin

BIRTHPLACE CITY OR COUNTY Unknown STATE OR COUNTRY Unknown

16. MAIDEN NAME Carolina Noles

BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY N. Carolina

17. INFORMANT Willie Gray Ellis
ADDRESS Westport, Tenn.

18. BURIAL, REMOVAL OR CREMATION Burial DATE 4/4/43 1943

CEMETERY Pleasant Hill PLACE Buena Vista, Tenn.

19. UNDERTAKER R.F. Dilday & Son
ADDRESS Huntingdon, Tenn.

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____
OPERATION? FINDINGS _____
AUTOPSY? FINDINGS _____

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
DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____
WHILE AT WORK MEANS OF INJURY _____

DATE FILED April 10, 1943 C. H. Brackin REGISTRAR

SIGNATURE C. T. Cox M.D.
ADDRESS Westport DATE SIGNED 4/3/43