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BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH**
STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

DEATH NO. **61-16542**

THIS BECOMES A LEGAL RECORD PROPERLY FILED AND WILL BE IN PERMANENT RECORD

WRITE OR PRINT NAME OF DECEASED OR PLACE WHERE SIGNATURE IS IN PERMANENT OR BLACK INK.

PHYSICIAN WHO ISSUED THIS CERTIFICATE MUST GIVE DEFINED CAUSE OF DEATH AND 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 DELEGATED.

CAUSE OF DEATH

DO NOT GIVE MODE OF DEATH SUCH AS HEART FAILURE, ASTHMA, ETC. GIVE THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY. MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

1. NAME Leatha Lavern Norwood			2. DATE OF DEATH July 26, 1961		
3. COLOR OR RACE white female			4. SEX female	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) single	6. DATE MONTH DAY YEAR OF BIRTH Nov 21, 1911
7. AGE IN YEARS 49		8. IF UNDER 1 YR. MONTHS 	9. IF UNDER 66 MRS. MONTHS 	10. IF UNDER 66 MRS. DATES 	11. IF UNDER 66 MRS. MIND.
9. PLACE OF DEATH			10. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Different, State Before Admission)		
A. COUNTY Carroll		B. CIVIL DISTRICT 11	A. STATE Tenn		B. COUNTY Carroll
C. CITY OR TOWN Huntingdon			D. LENGTH OF STAY IN THIS PLACE 	D. CITY OR TOWN Huntingdon	
E. NAME OF HOSPITAL OR INSTITUTION Northwood Drive			F. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	F. STREET ADDRESS Northwood Drive	
10A. USUAL OCCUPATION Housework			10B. KIND OF BUSINESS OR INDUSTRY Own home	11. SOCIAL SECURITY NUMBER None	12. WAS DECEASED EVER IN U.S. ARMED FORCES? NO
13. BIRTHPLACE (State or Foreign Country) Tennessee		14. CITIZEN OF WHAT COUNTRY? U S		15. NAME OF HUSBAND OR WIFE 	
16. FATHER'S NAME R. E. Norwood		17. MOTHER'S MAIDEN NAME Pearl Bond		18. INFORMANT ADDRESS R. E. Norwood, Huntingdon, Tennessee	
19. CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Cardiomyopathy 154					
PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A) Coronary Artery Disease					
21A. ACCIDENT SUICIDE HOMICIDE 		21B. DESCRIBE HOW INJURY OCCURRED (State nature of injury in Part I or Part II of this form)			
21C. TIME OF INJURY: HOUR NO. DAY YR. 		21D. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Other Building, etc.) 			
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. PLACE OF INJURY		21G. PLACE OF INJURY	
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE					
SIGNATURE R. E. Norwood			ADDRESS Huntingdon		DATE 7-27-61
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23B. DATE OF BURIAL, CREMATION, OR REMOVAL July 27, 1961	23C. NAME OF Cemetery or Crematory Oak Grove	23D. LOCATION CITY, TOWN OR COUNTY STATE Carroll County, Tennessee	
24. FUNERAL DIRECTOR Robert L. Pidday, Huntingdon, Tenn		ADDRESS 	25. REGISTRATION DIST. NO. 40911	26. DATE SIGNED BY LOCAL REG. 7-31-61	27. REGISTRAR'S SIGNATURE Jean E. Fields, Dep

0185-42181

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - PUBLIC HEALTH

REC'D BY STATE MS 15 '61