

CERTIFICATE OF DEATH
STATE OF TENNESSEE

DEATH NO. **65-019910**

BIRTH NO. _____

DEATH NO. _____

1. NAME **LELA FLORENCE HOLLAND** 2. DATE OF DEATH **July 14, 1965**
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **Can.** 4. SEX **Female** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Widowed** 6. DATE MONTH DAY YEAR OF BIRTH **12-11-1880** 7. AGE (IN YEARS) LAST BIRTHDAY) **84** IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINS.

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

C. CITY OR TOWN **Woodlawn, Tennessee** D. LENGTH OF STAY IN THIS PLACE **8 years** D. CITY OR TOWN **Woodlawn, Tennessee** E. INSIDE CITY LIMITS? YES NO

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

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) **Housewife** 10B. KIND OF BUSINESS OR INDUSTRY **Homemaking** 11. SOCIAL SECURITY NUMBER **None** 12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN **No** IF YES, GIVE WAR OR DATES OF SERVICE

13. BIRTHPLACE (State or Foreign Country) **Tennessee** 14. CITIZEN OF WHAT COUNTRY? **United States of America** 15. NAME OF HUSBAND OR WIFE **J.W.Holland (deceased)**

16. FATHER'S NAME **B. Smothers** 17. MOTHER'S MAIDEN NAME **Harriett Kirk** 18. INFORMANT ADDRESS **Mrs Earl Clinard, Woodlawn, Tennessee**

19. CAUSE OF DEATH Enter only one cause per line for (B) (C) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) **Natural Causes** DUE TO (B) _____ DUE TO (C) _____ CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (A); STATING THE UNDERLYING CAUSE LAST. INTERVAL BETWEEN ONSET AND DEATH **immediate**
7952

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 of Item 19)

21C. TIME OF INJURY: HOUR NO. DAY YR. A.M. P.M.

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 **[Signature]** M.D. EXAM. D.O. OTHER SPECIFY: **Box 2037 Clarksville Tenn** ADDRESS **Box 2037 Clarksville Tenn** DATE **7-15-65**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **July 16, 1965** 23C. NAME OF Cemetery or Crematory **Mt. Carmel Cemetery** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Garden, Tennessee**

24. FUNERAL DIRECTOR ADDRESS **MURPHY INC., Clarksville, Tennessee** 25. REGISTRATION DIST. NO. **46309** 26. DATE SIGNED BY **7-15-65** REGISTRAR'S SIGNATURE **Frances Robinson**

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

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

TYPE AND WRITE PLAINLY. ONLY PERMANENT BLUE OR BLACK INK ACCEPTABLE. SIGNATURE MUST BE IN PERMANENT BLUE OR BLACK INK.

PHYSICIAN AT-TENDED DURING MUST DEFINE DEATH. COUNTY EXECUTIVE AND SI CERTIFIED 72 HOURS SIGNATURE DELEGATED. PHYSICIAN AT-TENDED DURING MUST DEFINE DEATH. COUNTY EXECUTIVE AND SI CERTIFIED 72 HOURS SIGNATURE DELEGATED.

CAUSE OF DEATH. DO NOT GIVE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, 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 BEFORE TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.