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DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS  
STATE OF TENNESSEE  
COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO. 51-26002

BIRTH NO. 6613

1. NAME Wiley Oscar Cole 2. DATE OF DEATH Oct. 25, 1951  
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE White 4. SEX Male 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) married 6. DATE OF BIRTH May 23, 1888 7. AGE (IN YEARS LAST BIRTHDAY) 63 IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH A. COUNTY Obion B. CIVIL DISTRICT 13 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Obion C. CIVIL DISTRICT 13  
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Rural D. LENGTH OF STAY IN THIS PLACE Rural D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) R.1, Union City E. STREET (IF RURAL, GIVE LOCATION) ADDRESS R.1, Union City

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Farmer 10B. KIND OF BUSINESS OR INDUSTRY Farm 11. SOCIAL SECURITY NUMBER 408-26-1855

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN no IF YES, GIVE WAR AND DATES OF SERVICE 13. BIRTHPLACE (State or Foreign Country) Tenn. 14. CITIZEN OF WHAT COUNTRY? USA

15. FATHER'S NAME Mark Cole 16. MOTHER'S MAIDEN NAME Polly Mitchell 17. INFORMANT ADDRESS Claude Cole, Union City, Tenn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (A) CORONARY OCCLUSION INTERVAL BETWEEN ONSET AND DEATH 15 MINUTES  
ANTECEDENT CAUSES ARTERIOSELEROTIC HEART DISEASE UNKNOWN  
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) DUE TO (B) STATING THE UNDERLYING CAUSE LAST. DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A. AUTOPSY YES  NO  20B. FINDINGS AT AUTOPSY

21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, Build'g, etc.) 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE

21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE  NOT WHILE  AT WORK AT WORK 21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE James W. Polk M.D.  OTHER (SPECIFY) ADDRESS 602 E. Exchange, Union City, Tenn. DATE 10/27/51

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL Oct. 26, 1951 23C. NAME OF Cemetery or Crematory East View 23D. LOCATION CITY, TOWN OR COUNTY STATE Union City, Tenn.

24. FUNERAL DIRECTOR ADDRESS White-Ranson, Union City, Tenn. 25. REGISTRATION DIST. NO. 6613 26. DATE SIGNED BY LOCAL REG. 11-2-51 27. REGISTRAR'S SIGNATURE Margaret Glover

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