Henry

1991
24
0313
BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DIVISION OF VITAL STATISTICS

DEATH NO. 50-07735 ★

1. NAME Clifford Cleveland Henry (FIRST, MIDDLE, LAST)

2. DATE OF DEATH April 22, 1950 (MONTH, DAY, YEAR)

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH (MONTH, DAY, YEAR)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	IF UNDER 1 YR. DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MINS.
W	M		June 5, 1898	51				

8. PLACE OF DEATH
A. COUNTY Davidson
B. CIVIL DISTRICT 1
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Nashville
D. LENGTH OF STAY IN THIS PLACE years
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) General Hospital

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE Tenn. B. COUNTY Benton C. CIVIL DISTRICT 13
D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Sugartree, Tenn, R. #1.
E. STREET ADDRESS (IF RURAL, GIVE LOCATION)

N-R

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER
Farmer 100-105	Farming	

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

15. FATHER'S NAME	16. MOTHER'S MAIDEN NAME	17. INFORMANT ADDRESS
Miles Fry Henry	Melissa Cochran	Mrs Pauline Merrick, Oak Ridge, Tenn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(A) Fract. Skull - Intra Cranial Hemmorrhage	4-22-50
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	DUE TO (B) Fract., Pelvis, Ribs, Compound fract bones Right Leg and right forearm	1:45 PM to 2:45 PM
	DUE TO (C)	
2. OTHER SIGNIFICANT CONDITIONS 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 SUICIDE HOMICIDE (SPECIFY)	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
Accident	10th and Woodland Streets	Nashville	Davidson	Tenn

21D. TIME OF INJURY MONTH DAY YEAR HOUR	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21F. HOW DID INJURY OCCUR?
April 22, 1950 12:30 PM.		Automobile struck patient

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE	M.D. ☐ OTHER (SPECIFY)	ADDRESS	DATE
William Skinner M.D. MAY 10 1950		N.6. 1t.	4-25-50

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)	23B. DATE OF BURIAL, CREMATION, OR REMOVAL	23C. NAME OF Cemetery or Crematory	23D. LOCATION CITY, TOWN OR COUNTY	STATE
Burial	April 28, 1950	Maplelawn Chapel	Sugartree, Tenn.	

24. FUNERAL DIRECTOR ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Camden Funeral Home, Camden, Tenn.	21901	5-1-50	J. W. Ellis

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DEATH. LY ONE LINE FOR HIS DOES MODE OF UCH AS URE, AS- ETC. IT DISEASE, COMPLI- WHICH ATH.

DIRECTOR N DISPOS- DY, MUST RTIFICATE AL REGIS- HIN 72 ER DEATH TO TRANS- BY COM- ER OR RE- OM STATE.

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