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2300
BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH
STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

DEATH NO. **6-002974**

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

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

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DETERMINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATE TO ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXCEPT WITHIN 72 HOURS AFTER DEATH.

CAUSE OF DEATH. CODE OF ICD-9, HEART, PHENIA, IE DIS, IV, OR WHICH

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.

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

1. NAME FIRST MIDDLE LAST <i>Albert Richard French</i>			2. DATE OF DEATH MONTH DAY YEAR <i>Feb. 17, 1965</i>			
3. COLOR OR RACE <i>White</i>	4. SEX <i>Male</i>	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Widower</i>	6. DATE OF BIRTH MONTH DAY YEAR <i>July 8, 1879</i>	7. AGE (IN YEARS) LAST BIRTHDAY <i>84</i>	IF UNDER 1 YR. MONTHS DAYS	IF UNDER 24 HRS. HOURS MINS.
8. PLACE OF DEATH A. COUNTY <i>Carroll</i> B. CIVIL DISTRICT <i>4</i> C. CITY OR TOWN <i>McKenzie</i>			9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE <i>Tenn.</i> B. COUNTY <i>Dyer</i> C. CIVIL DISTRICT <i>17</i> D. CITY OR TOWN <i>Lenox</i> E. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address of Location) <i>Mullins Rest Home</i>		F. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		G. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) <i>Retired Farmer</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. SOCIAL SECURITY NUMBER		
13. BIRTHPLACE (State or Foreign Country) <i>Tennessee</i>		14. CITIZEN OF WHAT COUNTRY?		12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN <i>no</i>		
16. FATHER'S NAME <i>Richard French</i>		17. MOTHER'S MAIDEN NAME <i>Mary Pierce</i>		15. NAME OF HUSBAND OR WIFE		
18. INFORMANT ADDRESS <i>Albert French - Dyersburg, Tennessee</i>					INTERVAL BETWEEN ONSET AND DEATH <i>Instantly</i>	
19. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Acute Hemorrhage</i> DUE TO (B) <i>Acute Ulcer</i> DUE TO (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)					5400	
21A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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: <i>J. W. Curry</i> MED. EXAM. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> ADDRESS: <i>McKenzie, Tenn.</i> DATE: <i>2-18-65</i>						
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		23B. DATE OF BURIAL, CREMATION, OR REMOVAL <i>Feb. 18, 1965</i>		23C. NAME OF Cemetery or Crematory <i>Memorial Gardens</i>		
24. FUNERAL DIRECTOR <i>J. W. Curry & Son, Dyersburg, Tennessee</i>		25. REGISTRATION DIST. NO. <i>20904</i>		26. DATE SIGNED BY LOCAL REG. <i>3-4-65</i>		
27. REGISTRAR'S SIGNATURE <i>Jean E. Fields, Reg.</i>						