Blackburn.

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

WRITE FAIRLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HO[illegible] ER OF SIGNAT[illegible] OT BE DELEG[illegible]

CAUS[illegible] EATH.

DO NO[illegible] DE OF DYING [illegible] HEART FAIL[illegible] HENIA, ETC. [illegible] DIS-EASE [illegible] Y, OR COMP[illegible] WHICH CAUS[illegible]

FUN[illegible] RECTOR OR P[illegible] SPOSING OF [illegible] ST FILE CERT. [illegible] ITH LOCAL REG[illegible] R WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

FORM 120

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

0300
10
0300
BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

DEATH NO. 60-14893

1. NAME Mark (FIRST) C. (MIDDLE) Cole (LAST)

2. DATE OF DEATH 6/27/1960 (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	DAYS	IF UNDER 24 HRS. HOURS	MINS.
W	M		3/18/1870	90				

8. PLACE OF DEATH
A. COUNTY Benton B. CIVIL DISTRICT 3rd
C. CITY OR TOWN Camden, Tenn Rt 2 D. LENGTH OF STAY IN THIS PLACE
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) Home F. INSIDE CITY LIMITS? YES ☐ NO ☒

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE Tenn B. COUNTY Benton C. CIVIL DISTRICT 3rd
D. CITY OR TOWN Camden, Tenn Rt 2 E. INSIDE CITY LIMITS? YES ☐ NO ☒
F. STREET ADDRESS (OR LOCATION) — G. IS RESIDENCE ON A FARM? YES ☒ NO ☐

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER	12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN	IF YES, GIVE WAR OR DATES OF SERVICE
Farmer	Farming	—	—	—

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Benton Co, Tenn.	U. S. A.	Mrs Susanna Cole

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	18. INFORMANT	ADDRESS
Mark Cole	Pollie Cole	Mrs Josephine Rawlins	Camden, Tenn Rt 2

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — Enter only one cause per line for (A), (B), (C)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A) Bostric Hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 541.0

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last
DUE TO (B) duodenal ulcer
DUE TO (C)

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 A.M. P.M. MO. DAY YR.

REC'D BY STATE JUL 1 '60

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. ☒ D.O. ☐ OTHER (SPECIFY) ADDRESS DATE

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	6/29/1960	Shiloh	Camden, Tenn.

24. FUNERAL DIRECTOR	ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Camden Funeral Home	Camden, Tenn	40302	6-28-60	Imogene Robins, Dep