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CERTIFICATE OF DEATH 5945

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 25900-
REG. DIST. NO. 581

5882
2
0302

1. FULL NAME Floriss Rae Flowers 2. DATE OF DEATH Mar 12 1942

3. PLACE OF DEATH: A) COUNTY Madison CIVIL DISTRICT _____ B) CITY OR TOWN Jackson (IF OUTSIDE CITY LIMITS, WRITE RURAL) C) NAME OF HOSPITAL Webb-Williamson (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS) D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____

4. LEGAL RESIDENCE: A) STATE Tenn B) COUNTY Benton CIVIL DISTRICT 2 C) CITY OR TOWN Holliday (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.) D) STREET NO. _____ E) CITIZEN OF FOREIGN COUNTRY NO (YES OR NO) IF YES, NAME COUNTRY _____

5. RACE OR COLOR W 6. SEX F 7. SINGLE, MARRIED, WIDOWED, DIVORCED

8. AGE 56 YEARS 7 MONTHS 9 DAYS IF LESS THAN ONE DAY HRS. _____ MINS. _____

9. DATE OF BIRTH: MONTH August DAY 3 YEAR 1885

10. PLACE OF BIRTH: CITY OR COUNTY Benton STATE OR COUNTRY Tenn

11. HUSBAND OR WIFE OF John Howard Flowers AGE OF HUSBAND OR WIFE, IF LIVING 59 YEARS

12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____

13. USUAL OCCUPATION Housewife

14. INDUSTRY OR BUSINESS _____

FATHER 15. FULL NAME John P. Barnes BIRTHPLACE CITY OR COUNTY Benton STATE OR COUNTRY Tenn

MOTHER 16. MAIDEN NAME Caroline Smathers BIRTHPLACE CITY OR COUNTY Benton STATE OR COUNTRY Tenn

17. INFORMANT Miss W. F. Powers ADDRESS 1034 North Chicago St Chicago Ill

18. BURIAL, REMOVAL OR CREMATION Burial DATE 3-13 1942 CEMETERY Flowers PLACE Holliday

19. UNDERTAKER Camden Funeral Home ADDRESS Camden Tenn BY Chas F Webb

DATE FILED 3-13 1942 REGISTRAR Mrs. H. E. Berry

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3-7-1942 TO 3-12-1942 AND THAT I LAST SAW HER ALIVE ON 3-11-1942 AND THAT DEATH OCCURRED ON THE DATE STATED AT 12:15 M. IMMEDIATE CAUSE OF DEATH: Acute Cholera and Hepatitis DURATION 10 days

DUE TO: _____ PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY 127A 125B

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____ OPERATION? no FINDINGS - AUTOPSY? no FINDINGS -

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING: A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____ B) DATE OF OCCURRENCE _____ C) WHERE DID INJURY OCCUR _____ CITY COUNTY STATE D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____ WHILE AT WORK _____ MEANS OF INJURY _____

SIGNATURE Chas F Webb M.D. ADDRESS Jackson, Tenn DATE SIGNED 3/12/42

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER OR CORONER, IF INQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE BY A PHOTOSTAT.

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