

CERTIFICATE OF DEATH

21074

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

REG. NO.	67
REG. DIST. NO.	31

1. FULL NAME William Tommie Hicks, 2. DATE OF DEATH Oct. 11, 1948
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
 A) COUNTY Benton, CIVIL DISTRICT 4
 B) CITY OR TOWN Camden, Tenn. R 3.
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
 C) NAME OF HOSPITAL _____
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
 D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY Life

4. USUAL RESIDENCE
 A) STATE Tenn.
 B) COUNTY Benton, CIVIL DISTRICT 4
 C) CITY OR TOWN Camden, Tenn. R 3.
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
 D) STREET NO. _____
 E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)
 IF YES, NAME COUNTRY _____

5. RACE OR COLOR White 6. SEX Male 7. SINGLE, MARRIED, WIDOWED, DIVORCED Widowed.
 8. AGE: 80 YEARS, 2 MONTHS, 14 DAYS, IF LESS THAN ONE DAY: _____ HRS. _____ MINS.

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 1 1948 TO Oct. 11 1948
 AND THAT I LAST SAW HIM ALIVE ON Oct 7 1948
 AND THAT DEATH OCCURRED ON THE DATE STATED AT 10A M.

9. DATE OF BIRTH: MONTH July DAY 27 YEAR 1868
 10. PLACE OF BIRTH: CITY OR COUNTY Benton, STATE OR COUNTRY Tenn.
 11. HUSBAND OR WIFE OF Josie Lawson Hicks.
 AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

IMMEDIATE CAUSE OF DEATH:
Senile Myocardial Atrophy
Hypertension
Advanced age
 DUE TO: _____
 OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____

12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____
 NAME OF WAR _____
 13. USUAL OCCUPATION Farming.
 14. INDUSTRY OR BUSINESS _____

OPERATION? _____ FINDINGS _____
 AUTOPSY? _____ FINDINGS _____

15. FATHER: FULL NAME Jimmie Jefferson Hicks. BIRTHPLACE Benton, STATE OR COUNTRY Tenn.
 16. MOTHER: MAIDEN NAME Cloie Adaline Key. BIRTHPLACE Benton, STATE OR COUNTRY Tenn.

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 _____
 DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____

17. INFORMANT Clyde Hicks, ADDRESS Camden, Tenn. R 3.
 18. BURIAL, REMOVAL OR CREMATION Burial DATE Oct. 12, 1948.
 CEMETERY Cross Roads, PLACE Camden, Tenn.

19. UNDERTAKER Luff-Bowen Co. ADDRESS Waverly, Tenn.

SIGNATURE L. E. Sheraton M.D.
 ADDRESS Burcelm DATE SIGNED _____

DATE FILED Oct. 28 1948 REGISTRAR L. E. Sheraton

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY
USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

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).

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