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DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE
COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO. **50-21460**

1. NAME **James Newton Mitchell** 2. DATE OF DEATH **9/3/1950**
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **W** 4. SEX **M** 5. SINGLE, MARRIED, ~~WIDOWED~~ DIVORCED (SPECIFY) 6. DATE OF BIRTH **April 23, 1886** 7. AGE (IN YEARS) LAST BIRTHDAY 8. PLACE OF DEATH 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)

A. COUNTY **Benton** B. CIVIL DISTRICT **3rd** A. STATE **Tenn** B. COUNTY **Benton** C. CIVIL DISTRICT **3rd**
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Camden** D. LENGTH OF STAY IN THIS PLACE **Years** D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Rural**
E. NAME OF HOSPITAL (If not in Hospital or Institution, Give Street Address and Location) **None** E. STREET (IF RURAL, GIVE LOCATION) ADDRESS **R.H.S.**

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) **Farming** 10B. KIND OF BUSINESS OR INDUSTRY **Farming** 11. SOCIAL SECURITY NUMBER **None**

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

15. FATHER'S NAME **Hub Mitchell** 16. MOTHER'S MAIDEN NAME **Not known** 17. INFORMANT ADDRESS **Mrs Clyde Dalby Camden, Tenn**

MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) **Hypertensive Heart Disease** **1 week**
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) **4+3**
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 **RECEIVED** 20A. AUTOPSY YES NO 20B. FINDINGS AT AUTOPSY

21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE 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 **OCT 1 1 1950**
21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21F. HOW DID INJURY OCCUR? **STATE HEALTH DEPT.** **ADDITION** **FILED 10-20 1950**

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE **G. T. Hicks M.D.** M.D. OTHER (SPECIFY) ADDRESS **Camden** DATE **10-2-50**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **9/14/1950** 23C. NAME OF Cemetery or Crematory **Cross Roads** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Camden, Tenn**

24. FUNERAL DIRECTOR ADDRESS **Camden Funeral Home, Camden, Tenn** 25. REGISTRATION DIST. NO. **31** 26. DATE SIGNED BY LOCAL REG. **10-9-50** 27. REGISTRAR'S SIGNATURE **G. T. Barnes**