

0924
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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.

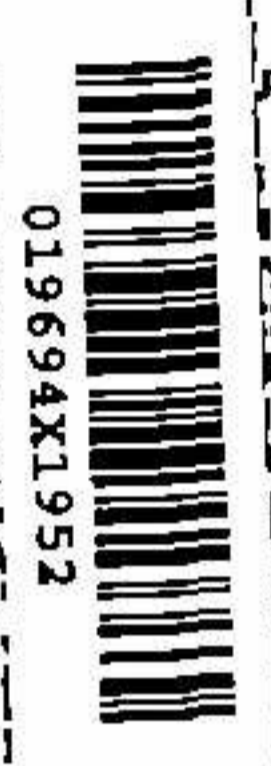
52-19694



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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN ATTEND STATE DEATH MEDICAL CERTIFICATION. IF CLERK (OR IF IN COMPLETE MEDICAL CERTIFICATION. PO NATURE DELEGAT



BIRTH NO. 0924
1. NAME Sophia Green Radford
2. DATE OF DEATH Sep 6 1952

3. COLOR OR RACE white 4. SEX female 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) xx widowed 6. DATE OF BIRTH Dec 5 1868 7. AGE (IN YEARS) 84 8. IF UNDER 1 YR. MONTHS 0 DAYS 0 9. IF UNDER 24 HRS. HOURS 0 MINS. 0

8. PLACE OF DEATH A. COUNTY Carroll B. CIVIL DISTRICT 24 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE Tenn B. COUNTY Carroll C. CIVIL DISTRICT 24

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Westport D. LENGTH OF STAY IN THIS PLACE Westport

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) None F. STREET (IF RURAL, GIVE LOCATION) ADDRESS None

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) housework 10B. KIND OF BUSINESS OR INDUSTRY Own home 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 None 13. BIRTHPLACE (State or Foreign Country) Tenn 14. CITIZEN OF WHAT COUNTRY? U S

15. FATHER'S NAME Jack Green 16. MOTHER'S MAIDEN NAME Frances Hogg 17. INFORMANT ADDRESS Willie Radford, Westport Tenn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Serulity ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C) 2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

INTERVAL BETWEEN ONSET AND DEATH 794

CAUSE OF DEATH. ENTER ONLY ONE CAUSE PER LINE FOR A, B, C. * THIS DOES NOT MEAN MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.

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.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A. AUTOPSY YES NO 20B. FINDINGS AT AUTOPSY

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, Build'g, etc.) 21C. PLACE OF INJURY CITY, TOWN OR RURAL Huntingdon COUNTY Carroll STATE Tenn

21D. TIME OF INJURY MONTH 09 DAY 17 YEAR 1952 HOUR 10:30 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR? fall

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE R. B. Wilson M.D. OTHER (SPECIFY) Huntingdon ADDRESS Huntingdon DATE 9-8-52

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL Sep 7, 1952 23C. NAME OF Cemetery or Crematory Jamison 23D. LOCATION CITY, TOWN OR COUNTY STATE Carroll Co Tenn

24. FUNERAL DIRECTOR R. C. Wil Day ADDRESS Huntingdon Tenn 25. REGISTRATION DIST. NO. 40924 26. DATE SIGNED BY 9-16-52 27. REGISTRAR'S SIGNATURE M. R. Baird