

9245
20
9200
BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH
STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

DEATH NO. **63-05960**

1. NAME **Thomas Logan Cole** 2. DATE OF DEATH **2-16-63**
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **W** 4. SEX **F** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Widowed** 6. DATE OF BIRTH **3-2-1878** 7. AGE (IN YEARS) LAST BIRTHDAY **84** 8. IF UNDER 1 YR. MONTHS 9. IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. COUNTY **Weakley** B. CIVIL DISTRICT **2** A. STATE **Tenn.** B. COUNTY **Weakley** C. CIVIL DISTRICT **8**

C. CITY OR TOWN **Martin** D. LENGTH OF STAY IN THIS PLACE **3 weeks** D. CITY OR TOWN **Sharon,** E. INSIDE CITY LIMITS? YES NO

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) **Weakley Co** F. INSIDE CITY LIMITS? YES NO 7. STREET ADDRESS (OR LOCATION) **Railroad Ave.** G. IS RESIDENCE ON A FARM? YES NO

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

13. BIRTHPLACE (State or Foreign Country) **Benton Co., Tenn.** 14. CITIZEN OF WHAT COUNTRY? **U. S. A.** 15. NAME OF HUSBAND OR WIFE **Betty Bomer (Deceased)**

16. FATHER'S NAME **Mark Cole** 17. MOTHER'S MAIDEN NAME **Polly Mitchell** 18. INFORMANT ADDRESS **Mrs. Floyd Mount RFD Sharon, Tenn.**

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) **Cerebral Hemorrhage 331** INTERVAL BETWEEN ONSET AND DEATH **2 wks.**

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last } DUE TO (B) _____
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 MO. DAY YR. A.M. P.M. REC'D BY STATE MAR 14 63

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 **W.A. Plog** M.D. D.O. OTHER (SPECIFY) ADDRESS **Martin, Tenn.** DATE **2/17/63**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **2-17-1963** 23C. NAME OF (Cemetery or Crematory) **Corinth** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Sharon (Rural) Tennessee**

24. FUNERAL DIRECTOR ADDRESS **Gardner Funeral Home Sharon, Tenn.** 25. REGISTRATION DIST. NO. **29202** 26. DATE SIGNED BY LOCAL REG. **3-31-63** 27. REGISTRAR'S SIGNATURE **Martha Payner, Dip.**

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

TYPE OR WRITE PLAINLY. ONLY PERMANENT BLUE OR BLACK INK. SIGNATURE IN PERMANENT BLUE OR BLACK INK.

PHYSICIAN SIGNED DURING LAST 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE OF DEATH. DO NOT GIVE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. GIVE THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 2 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

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