

0204
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CERTIFICATE OF DEATH 22253

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

REG. NO. 22
REG. DIST. NO. 20204

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 WITH PHOTOSTAT.

FORM 104

1. FULL NAME O. T. French 2. DATE OF DEATH Sept. 6 1940
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
A) COUNTY Bedford CIVIL DISTRICT 4
B) CITY OR TOWN R.F.D. # 2, Bell Buckle
(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 6 yrs

4. LEGAL RESIDENCE: A) STATE Tenn.
B) COUNTY Bedford CIVIL DISTRICT 4
C) CITY OR TOWN R.F.D. # 2, Bell Buckle
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. _____
E) IF FOREIGN BORN HOW LONG IN U.S.A. _____ YRS.

5. RACE OR COLOR Wh. 6. SEX Male 7. SINGLE, MARRIED, WIDOWED, DIVORCED
8. AGE 48 YEARS 2 MONTHS 17 DAYS IF LESS THAN ONE DAY
--- HRS. --- MINS.

9. DATE OF BIRTH: MONTH June DAY 20 YEAR 1892

10. PLACE OF BIRTH: CITY OR COUNTY Unknown STATE Tenn.

11. HUSBAND OR WIFE OF Daisy Hathcock French
AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____
NAME OF WAR _____

13. USUAL OCCUPATION Farmer

14. INDUSTRY OR BUSINESS Farming

FATHER 15. FULL NAME Pinkston French
BIRTHPLACE CITY OR COUNTY Unknown STATE Tenn.

MOTHER 16. MAIDEN NAME Eunice Bomar
BIRTHPLACE CITY OR COUNTY Unknown STATE Tenn.

17. INFORMANT Mrs. Claude Hathcock
ADDRESS Beech Grove, Tenn.

18. BURIAL, REMOVAL OR CREMATION Burial DATE Sept. 8 1940
CEMETERY Hazel PLACE Bell Buckle

19. UNDERTAKER Chas. M. Thompson
ADDRESS Shelbyville BY C.M.T.

DATE FILED Sept 12 1940 James Ida D. Dyer REGISTRAR

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19 _____ TO _____ 19 _____
AND THAT I LAST SAW HIM ALIVE ON _____ 19 _____
AND THAT DEATH OCCURRED ON THE DATE STATED AT 8 P.M.
IMMEDIATE CAUSE OF DEATH: _____ DURATION 166

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____
OPERATION? FINDINGS _____
AUTOPSY? FINDINGS _____

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) Homicide
B) DATE OF OCCURRENCE September 6, 1940
C) WHERE DID INJURY OCCUR Bedford Tenn.
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? At Home
WHILE AT WORK No MEANS OF INJURY Shotgun

SIGNATURE C. B. Dyer CORONER
ADDRESS Shelbyville DATE SIGNED Sept. 7 1940