

4063
22
4063

DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

BIRTH NO. _____ DEATH NO. 57-14292
1. NAME Thomas Elvis Coley 2. DATE OF DEATH 6/15/1957
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE W 4. SEX M 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 6. DATE OF BIRTH 7-11-1882 7. AGE (IN YEARS LAST BIRTHDAY) 74
IF UNDER 1 YR. IF UNDER 24 HRS.
MONTHS DAYS HOURS MINS.

8. PLACE OF DEATH 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. COUNTY Henry B. CIVIL DISTRICT 1 A. STATE Tenn. B. COUNTY Henry C. CIVIL DISTRICT 1
C. CITY OR TOWN Paris, Tenn. D. LENGTH OF STAY IN THIS PLACE Yrs. D. CITY OR TOWN Paris, Tenn. E. INSIDE CITY LIMITS? YES NO
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) Henry County General F. INSIDE CITY LIMITS? YES NO F. STREET ADDRESS (OR LOCATION) Guinn Street G. IS RESIDENCE ON A FARM? YES NO

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Ret. Farmer 10B. KIND OF BUSINESS OR INDUSTRY Farming 11. SOCIAL SECURITY NUMBER 413-28-7056 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE YES NO UNKNOWN
13. BIRTHPLACE (State or Foreign Country) Texas 14. CITIZEN OF WHAT COUNTRY? U. S. A. 15. NAME OF HUSBAND OR WIFE Lizzie Coley
16. FATHER'S NAME William Coley 17. MOTHER'S MAIDEN NAME Ellen Givens 18. INFORMANT ADDRESS Mrs. Lizzie Coley, Paris, Tenn. Guinn St.

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) acute myocardial infarction about 12:00
Anteroseptal Coronary Artery Disease 1420!
DUE TO (B) Ulcera
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last } 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) RECEIVED
21C. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M.
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 PARIS TENN

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE John Newman M.D. D.O. OTHER (SPECIFY) _____ ADDRESS 302 Caldwell DATE June 28 1957 Paris Tenn - 6-17-57

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL 6/17/1957 23C. NAME OF Cemetery or Crematory Memorial 23D. LOCATION CITY, TOWN OR COUNTY STATE Paris, Tenn.
24. FUNERAL DIRECTOR ADDRESS Milligan & Ridgeway, Paris, Tenn. 25. REGISTRATION DIST. NO. 24001 26. DATE SIGNED BY LOCAL REG. 6-21-57 27. REGISTRAR'S SIGNATURE Mary H. Thompson

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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 2 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE OF DEATH. DO NOT WRITE IN THESE SPACES. REGISTERED BY COMMON CARRIER OR REMOVAL FROM STATE.

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



ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.