

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

WRITE PLAINLY. ON PERMANENT BLUE OR BLACK INK ACCEPTABLE. SIGNATURE MUST BE IN PERMANENT BLUE OR BLACK INK.

PHYSICIAN TENDED DURING LIFE MUST BE DEFINED. DEATH MEDICATION, ANESTHETIC, COUNTY EXECUTIVE OFFICER AND SIGNIFICANT 72 HOUR SIGNAL DELEGATE.

#### 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 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

FORM 120

0900  
10  
0900  
BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH

## CERTIFICATE OF DEATH

STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

DEATH NO. 62-15133

1. NAME FIRST MIDDLE LAST Nancy Ann French		2. DATE OF DEATH MONTH DAY YEAR June 3, 1962						
3. COLOR OR RACE W	4. SEX F	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	6. DATE MONTH DAY YEAR OF BIRTH Apr. 1, 1880	7. AGE (IN YEARS LAST BIRTHDAY) 82	IF UNDER 1 YR. MONTHS DAYS	IF UNDER 24 HRS. HOURS MINS.		
8. PLACE OF DEATH A. COUNTY Carroll		B. CIVIL DISTRICT 10		9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Carroll C. CIVIL DISTRICT 10				
C. CITY OR TOWN Mansfield, Tenn.		D. LENGTH OF STAY IN THIS PLACE 6 Months		D. CITY OR TOWN Mansfield, Tenn.		E. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) Rt. 1		F. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		F. STREET ADDRESS (OR LOCATION) Rt. 1		G. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. SOCIAL SECURITY NUMBER		12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE No		
13. BIRTHPLACE (State or Foreign Country) Tenn.		14. CITIZEN OF WHAT COUNTRY? USA		15. NAME OF HUSBAND OR WIFE Charlie French				
16. FATHER'S NAME Ben Geurrin		17. MOTHER'S MAIDEN NAME Becky French		18. INFORMANT ADDRESS Mrs. J. A. Sanders Mansfield, Tenn.				
19. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Enter only one cause per line for (A), (B), (C) Bronchopneumonia					INTERVAL BETWEEN ONSET AND DEATH 334 34 Hours			
DUE TO (B) Cerebral apoplexy					491 1 Month			
DUE TO (C) Arteriosclerosis					- 30 Years			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21B. DESCRIBE HOW THE INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19) ADDITION From: <i>K<sup>2</sup></i> Date: 7-15-62 By: <i>th</i>						
21C. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M.		21D. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>J. E. Fields</i>			M.D. D.O. OTHER (SPECIFY) <input type="checkbox"/> <input checked="" type="checkbox"/>		ADDRESS Bruceton, Tennessee		DATE 6-11-62	
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23B. DATE OF BURIAL, CREMATION, OR REMOVAL June 5, 1962		23C. NAME OF Cemetery or Crematory Bakers Chapel		23D. LOCATION CITY, TOWN OR COUNTY STATE Benton Co. Tenn.		
24. FUNERAL DIRECTOR McEvoy Funeral Home Paris, Tenn.		ADDRESS Paris, Tenn.		25. REGISTRATION DIST. NO. 40910		26. DATE SIGNED BY LOCAL REG. 6-14-62		27. REGISTRAR'S SIGNATURE <i>Jean E. Fields, Dep.</i>