

CERTIFICATE OF DEATH

17552

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

REG. NO.	2017
REG. DIST. NO.	21901

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

PLEASE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE AFTER THIS 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.

THERE WAS NO PHYSICIAN IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER OR CORONER, IF INTEREST WAS HELD).

THREE CERTIFIED COPIES ARE MADE BY PHOTOSTAT.

1. FULL NAME Jamey Allen Mitchell 2. DATE OF DEATH Aug 10 1941
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
 A) COUNTY Davidson CIVIL DISTRICT 1st
 B) CITY OR TOWN Nashville Tenn
(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 _____

4. LEGAL RESIDENCE: A) STATE Tenn
 B) COUNTY _____ CIVIL DISTRICT 1st
 C) CITY OR TOWN Nashville
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
 D) STREET NO. 410 Hawthorn
 E) CITIZEN OF FOREIGN COUNTRY No (YES OR NO)
 IF YES, NAME COUNTRY _____

5. RACE OR COLOR Wh 6. SEX M 7. SINGLE, MARRIED, WIDOWED, DIVORCED
 8. AGE 68 YEARS MONTHS 20 DAYS HRS. _____ MINS. _____

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 3 1941 TO Aug 10 1941 AND THAT I LAST SAW HIM ALIVE ON July 10 1941 AND THAT DEATH OCCURRED ON THE DATE STATED AT 130 P.M.

9. DATE OF BIRTH: MONTH 7 DAY 20 YEAR 1873

IMMEDIATE CAUSE OF DEATH: Carcinoma of Liver DURATION 46 hr

10. PLACE OF BIRTH: CITY OR COUNTY Murphree STATE OR COUNTRY Tenn

11. HUSBAND OR WIFE OF Mrs Alice Mitchell
 AGE OF HUSBAND OR WIFE, IF LIVING 74 YEARS

12. IF VETERAN SOCIAL SECURITY NUMBER
 NAME OF WAR _____

DUE TO: _____
 OTHER CONDITIONS
(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)
 OPERATION? None FINDINGS None
 AUTOPSY? None FINDINGS None

13. USUAL OCCUPATION Retired farmer

14. INDUSTRY OR BUSINESS _____

FATHER 15. FULL NAME R A Mitchell
 BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY Tenn

MOTHER 16. MAIDEN NAME Mary Jane Edwards
 BIRTHPLACE CITY OR COUNTY Clark STATE OR COUNTRY Tenn

17. INFORMANT R R Mitchell
 ADDRESS 411 Main St Nashville

18. BURIAL, REMOVAL OR CREMATION DATE 8/11 1941
 CEMETERY Ebenezer PLACE Wentworth

19. UNDERTAKER Bracy-Thelch Co
 ADDRESS 2407 Frank End BY Wardlaw

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
 A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____
 B) DATE OF OCCURRENCE _____
 C) WHERE DID INJURY OCCUR _____ CITY COUNTY STATE
 D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____
 WHILE AT WORK _____ MEANS OF INJURY _____

DATE FILED 8-10 1941 J W Ellis REGISTRAR

SIGNATURE Allen E. Jones M.D. ADDRESS Nashville Tenn DATE SIGNED Aug 11 41