

# CERTIFICATE OF DEATH

28409

DEPT. OF PUBLIC HEALTH      STATE OF TENNESSEE  
 9314 COOPERATING WITH DEPT. OF COMMERCE

DIV. OF VITAL STATISTICS  
 BUREAU OF THE CENSUS

REG. NO.	493/4
REG. DIST. NO.	931

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK  
 ALL ITEMS MUST BE COMPLETE AND ACCURATE.

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 A PHOTOSTAT.

1. FULL NAME <u>9314 Harriett Ann Jones</u>			2. DATE OF DEATH <u>Dec 16 1947</u>		
3. PLACE OF DEATH:			4. USUAL RESIDENCE		
A) COUNTY <u>Weakley</u>		CIVIL DISTRICT <u>14<sup>th</sup></u>	A) STATE <u>Tenn</u>		CIVIL DISTRICT <u>14</u>
B) CITY OR TOWN <u>Marion Tenn Rural</u>			B) COUNTY <u>Weakley</u>		
C) NAME OF HOSPITAL _____			C) CITY OR TOWN <u>Marion Tenn R# 4</u>		
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____			D) STREET NO. _____		
5. RACE OR COLOR <u>W</u>			E) CITIZEN OF FOREIGN COUNTRY <u>No</u>		
6. SEX <u>F</u>			IF YES, NAME COUNTRY _____		
7. SINGLE, MARRIED, WIDOWED, DIVORCED _____			MEDICAL CERTIFICATION		
8. AGE <u>71</u> YEARS <u>3</u> MONTHS <u>27</u> DAYS			20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>July 1935</u> TO <u>death 12/16/47</u>		
9. DATE OF BIRTH: MONTH <u>Aug</u> DAY <u>19</u> YEAR <u>1874</u>			AND THAT I LAST SAW HER ALIVE ON <u>12-16 1947</u>		
10. PLACE OF BIRTH: CITY OR COUNTY <u>Benton Tenn</u> STATE OR COUNTRY <u>Tenn</u>			AND THAT DEATH OCCURRED ON THE DATE STATED AT <u>4:00 P.M.</u>		
11. HUSBAND OR WIFE OF <u>Charles N Jones</u>			IMMEDIATE CAUSE OF DEATH: <u>Hyperglycemia</u>		
12. IF VETERAN NAME OF WAR _____ SOCIAL SECURITY NUMBER _____			DURATION <u>1 day</u>		
13. USUAL OCCUPATION <u>Housewife</u>			DUE TO: <u>Diabetes Mellitus</u>		
14. INDUSTRY OR BUSINESS _____			OTHER CONDITIONS <u>Diabetes</u>		
15. FATHER FULL NAME <u>William Allen Pearce</u>			OPERATION <u>NO</u> FINDINGS _____		
16. MOTHER MAIDEN NAME <u>Sophia Butler</u>			AUTOPSY? <u>NO</u> FINDINGS _____		
17. INFORMANT <u>Mrs Charles N Jones</u>			21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:		
18. BURIAL, REMOVAL OR CREMATION <u>Burial</u> DATE <u>Dec 18 1947</u>			A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____		
19. UNDERTAKER <u>Winstead Murphy</u>			B) DATE OF OCCURRENCE _____		
ADDRESS <u>Marion Tenn R# 4</u>			C) WHERE DID INJURY OCCUR _____		
DATE FILED <u>1-3 48</u>			D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____		
BY <u>[Signature]</u>			WHILE AT WORK _____ MEANS OF INJURY _____		
REGISTERED <u>[Signature]</u>			SIGNATURE <u>W H Buckley</u> M.D.		
ADDRESS <u>Marion Tenn</u>			DATE SIGNED <u>12/26/47</u>		