

CERTIFICATE OF DEATH

2163

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

REG. NO.	40911
REG. DIST. NO.	91

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 HARRIET Lou Hogue 2. DATE OF DEATH FEB 14 1946
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
A) COUNTY CARROLL CIVIL DISTRICT 11
B) CITY OR TOWN Huntingdon
(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. USUAL RESIDENCE A) STATE Tenn
B) COUNTY CARROLL CIVIL DISTRICT 11
C) CITY OR TOWN Huntingdon
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. _____
E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)
IF YES, NAME COUNTRY _____

5. RACE OR COLOR W 6. SEX F 7. SINGLE, MARRIED, WIDOWED, DIVORCED widowed
8. AGE 77 1 23 IF LESS THAN ONE DAY
YEARS MONTHS DAYS HRS. MINS.

MEDICAL CERTIFICATION
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1943 TO Feb 14 1946
AND THAT I LAST SAW HIM ALIVE ON Feb 13 1946
AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.

9. DATE OF BIRTH: MONTH DEC DAY 21 YEAR 1878
10. PLACE OF BIRTH: CITY OR COUNTY _____ STATE OR COUNTRY Tenn.

IMMEDIATE CAUSE OF DEATH: Carcinoma of the Stomach DURATION 18 mos
465

11. HUSBAND OR WIFE OF GREEN Hogue
AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

DUE TO: _____
OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____
OPERATION? _____ FINDINGS _____
AUTOPSY? no FINDINGS _____

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

13. USUAL OCCUPATION House work

14. INDUSTRY OR BUSINESS own home

15. FULL NAME Johnny Higdon
BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY Tenn.

16. MAIDEN NAME HARRIETT Bouds
BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY Tenn.

17. INFORMANT a spouse
ADDRESS Huntingdon Tenn.

18. BURIAL, REMOVAL OR CREMATION Burial DATE _____ 19____
CEMETERY Pleasant Hillplace Camden

19. UNDERTAKER Dilday + Son
ADDRESS Huntingdon BY R. L. Widdow

DATE FILED 2-22 1946 REGISTRAR Ray D. Douglas

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 _____

SIGNATURE Ray D. Douglas M.D.
ADDRESS Huntingdon DATE SIGNED Feb 22 1946