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CERTIFICATE OF DEATH

12984

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

REG. NO. 1444

REG. DIST. NO. 21901

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER 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.

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 PHOTOSTAT.

1. FULL NAME: James Frederick Henry 2. DATE OF DEATH May 28 1941
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
A) COUNTY Davidson CIVIL DISTRICT 1
B) CITY OR TOWN Nashville Tenn
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL General Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____
E) IF FOREIGN BORN HOW LONG IN U.S.A. _____ YRS.

5. RACE OR COLOR White SEX Male 7. SINGLE, MARRIED, WIDOWED, DIVORCED
8. AGE 35 YEARS 1 MONTHS 20 DAYS IF LESS THAN ONE DAY HRS. _____ MINS. _____
9. DATE OF BIRTH: MONTH Apr DAY 8 YEAR 1906
10. PLACE OF BIRTH: CITY OR COUNTY Beaufort STATE OR COUNTRY Tenn
11. HUSBAND OR WIFE OF Vera Hanson Henry
AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

12. IF VETERAN _____ SOCIAL SECURITY NUMBER 367-10-6036
NAME OF WAR _____

13. USUAL OCCUPATION Musician

14. INDUSTRY OR BUSINESS _____

FATHER 15. FULL NAME Wes Henry BIRTHPLACE Beaufort STATE OR COUNTRY Tenn

MOTHER 16. MAIDEN NAME Ellie Cashion BIRTHPLACE Hardin STATE OR COUNTRY Tenn

17. INFORMANT Mrs. Vera Papp ADDRESS Harrisonville Tenn

18. BURIAL, REMOVAL OR CREMATION Burial DATE May 29 1941
CEMETERY Dryden Chapel

19. UNDERTAKER Wheeler Funeral Co ADDRESS Nashville Tenn

DATE FILED 6-25 1941 REGISTRAR J. W. Ellis

4. LEGAL RESIDENCE: A) STATE Tenn B) COUNTY Davidson CIVIL DISTRICT 1
C) CITY OR TOWN Nashville Tenn (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. 610 1/2 Commerce
E) IF FOREIGN BORN HOW LONG IN U.S.A. _____ YRS.

MEDICAL CERTIFICATION
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-24 1941 TO 5-28 1941
AND THAT I LAST SAW HIM LIVE ON 5-27 1941
AND THAT DEATH OCCURRED ON THE DATE STATED AT 6:55 AM

IMMEDIATE CAUSE OF DEATH: Undetermined
Fracture of right femur DURATION 5-24-41
Possible fat cerebral embolism 5-27-41
DUE TO: _____

OTHER CONDITIONS: _____
(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)
OPERATION? Yes FINDINGS Inserted Smith Petersen pin in femur
AUTOPSY? Yes FINDINGS Not complete

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) Accident
B) DATE OF OCCURRENCE 5-24-41

C) WHERE DID INJURY OCCUR Nashville
CITY COUNTY STATE

D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? Industrial

WHILE AT WORK NO MEANS OF INJURY Fall

SIGNATURE W. M. Palmer M.D.
ADDRESS Nashville General DATE SIGNED 5-28-41

★ ADDITION FROM SUPPLEMENTARY REPORT FILED 5/29/41 BY [Signature]