0300

0300
BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

DEATH NO. 61-19142

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

TYPE OR WRITE PLAINLY. ONLY PERMANENT BLUE OR BLACK ... ACCEPTABLE. SI... MUST BE IN PE... BLUE OR BLACK

PHYSICIAN ATTENDED ... DURING ... MUST ... DEFINE ... DEATH ... MEDICAL ... TION. AN... COUNTY OFFICER ... EXECUTIN... CATE MU... AND SIG... CERTIFIC... WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

0191942X1961

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE – PUBLIC HEALTH SERVICE

1. NAME: Betty (FIRST) — (MIDDLE) White (LAST)
2. DATE OF DEATH: Aug (MONTH) 24 (DAY) 1961 (YEAR)

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH (MONTH DAY YEAR)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MINS.
W	F	Widowed	1-25-1882	79				

8. PLACE OF DEATH
- A. COUNTY: Benton
- B. CIVIL DISTRICT: 11
- C. CITY OR TOWN: Holladay
- D. LENGTH OF STAY IN THIS PLACE: Life
- E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location):
- F. INSIDE CITY LIMITS? YES ☐ NO ☐

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
- A. STATE: Tenn
- B. COUNTY: Benton
- C. CIVIL DISTRICT: 11
- D. CITY OR TOWN: Holladay
- E. INSIDE CITY LIMITS? YES ☐ NO ☒
- F. STREET ADDRESS (OR LOCATION): RFD
- G. IS RESIDENCE ON A FARM? YES ☒ NO ☐

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY:

11. SOCIAL SECURITY NUMBER:

12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN — IF YES, GIVE WAR OR DATES OF SERVICE

13. BIRTHPLACE (State or Foreign Country): Tenn

14. CITIZEN OF WHAT COUNTRY?

15. NAME OF HUSBAND OR WIFE: Mose White

16. FATHER'S NAME: Anderson Lynch

17. MOTHER'S MAIDEN NAME: Margaret Russell

18. INFORMANT: Raymond White — ADDRESS: Holladay, Tenn

CAUSE OF DEATH.

DO NOT GIVE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. GIVE THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — Enter only one cause per line for (A), (B), (C)

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	Bronchial obstruction	1 9/4
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last — DUE TO (B)	CA of Thyroid	5/29
DUE TO (C)		—

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 ☐ NO ☐

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.

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)

21C. TIME OF INJURY: HOUR A.M. P.M. MO. DAY YR.

REC'D BY STATE SEP 15 '61

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

21D. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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: J. J. Butterworth — M.D. ☒ D.O. ☐ OTHER (SPECIFY) — ADDRESS: — DATE:

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)	23B. DATE OF BURIAL, CREMATION, OR REMOVAL	23C. NAME OF Cemetery or Crematory	23D. LOCATION CITY, TOWN OR COUNTY — STATE
Burial	8-26-61	Luper	Holladay — Tenn

24. FUNERAL DIRECTOR	ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Stockdale-Malin	Camden	40311	9-13-61	Carolyn Norwood

FORM 120