

SEE REGULATIONS  
ON THE BACK

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY. USE BLACK INK. THIS IS A PERMANENT RECORD. ALL ITEMS SHOULD BE COMPLETE AND ACCURATE.  
GIVE FULL NAME OF DECEASED CORRECTLY SPELLED. AGE AND BIRTHDATE OF DECEASED MUST BE ACCURATE.

Form No. 104

1. PLACE OF DEATH Henry 4011  
 COUNTY OF Henry  
 CIVIL DISTRICT 11  
 CITY (OR TOWN) Mansfield Tenn 4011  
 ADDRESS OF PLACE OF DEATH Mansfield  
 (If death occurred in a hospital or institution, give NAME, not street and number)  
 Length of residence in city or town where death occurred 25 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

2. FULL NAME Laura Elizabeth Patterson  
 (A) RESIDENCE Mansfield Tenn Rt. #1-  
 (Usual place of abode—If non-resident of place of death, give town and State)

CERTIFICATE OF DEATH  
STATE OF TENNESSEE  
DEPT. OF PUBLIC HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NUMBER  
**12740**

REG. No. \_\_\_\_\_  
 REG. DIST. No. 4404  
 PRIM. REG. 4404  
 DIST. No. 4404

To be inserted by Registrar  
 If war veteran, give war and military organization.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. RACE OR COLOR W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? married  
 (write the word)

5A. HUSBAND OR WIFE } OF John H. Patterson  
 6. DATE OF BIRTH month 12 day 6 year 1876  
 7. AGE yrs. 63 mos. 6 days 12 hrs. \_\_\_\_\_ mins. IF LESS THAN ONE DAY

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife  
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. \_\_\_\_\_  
 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) 6/12/39 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

12. BIRTHPLACE (city or town) Holladay  
 (State or country) Benton Co. Tenn

FATHER 13. NAME Jamen L. Smothers  
 14. BIRTHPLACE (city or town) Holladay  
 (State or country) Benton Co. Tenn

MOTHER 15. MAIDEN NAME Bogatt  
 16. BIRTHPLACE (city or town) Holladay  
 (State or country) Benton Co. Tenn

17. INFORMANT J. H. Patterson  
 (ADDRESS) Mansfield Tenn Rt. #1-

18. BURIAL, CREMATION OR REMOVAL DATE 6/13/39  
 CEMETERY Pleasant Hill PLACE \_\_\_\_\_

19. UNDERTAKER Candler Funeral Home  
 (Firm name)  
 ADDRESS Candler Tenn BY J. F. Lindsey

20. FILED July 1 1939 S. M. Puller  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 12 1939  
 month day year

22. I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM June 12 1939 at home 1939  
 I LAST SAW HIM ALIVE ON June 12 1939 DEATH IS SAID TO HAVE OCCURRED ON DATE STATED ABOVE, AT 6:30 P.M. M.  
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES IN ORDER OF ONSET WERE:  
apoplexy had stroke at June 12, 12:30 P.M. died 6:30 P.M. same day DATE OF ONSET \_\_\_\_\_

CONTRIBUTORY CAUSES OF IMPORTANCE 82A

NAME OF OPERATION none DATE \_\_\_\_\_

WHAT LAB. TEST CONFIRMED DIAGNOSIS? no test AUTOPSY? no

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) GIVE FOLLOWING DATA:  
 ACCIDENT, SUICIDE OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_  
 WHERE DID INJURY OCCUR? \_\_\_\_\_ (Specify city or town, county and State)  
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_  
 MANNER OF INJURY \_\_\_\_\_  
 NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION? no  
 IF SO, SPECIFY \_\_\_\_\_

(SIGNED) J. F. Lindsey M. D.  
 (ADDRESS) Springville, Tenn. Rt. 2

Nov. 28.