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DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH DIVISION OF VITAL STATISTICS STATE OF TENNESSEE

DEATH NO. 64-15325

BIRTH NO. 1. NAME MRS. ROWENA COLE GREER 2. DATE OF DEATH June 13, 1964

3. COLOR OR RACE W 4. SEX F 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed 6. DATE MONTH DAY YEAR OF BIRTH Sept. 27, 1880 7. AGE (IN YEARS) LAST BIRTHDAY 83

8. PLACE OF DEATH A. COUNTY Davidson B. CIVIL DISTRICT 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Dav. C. CIVIL DISTRICT

C. CITY OR TOWN Nashville D. LENGTH OF STAY IN THIS PLACE life E. INSIDE CITY LIMITS? YES NO X

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) St. Thomas F. INSIDE CITY LIMITS? YES NO G. IS RESIDENCE ON A FARM? YES NO X

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Retired 10B. KIND OF BUSINESS OR INDUSTRY Housewife 11. SOCIAL SECURITY NUMBER 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE

13. BIRTHPLACE (State or Foreign Country) Tenn. 14. CITIZEN OF WHAT COUNTRY? USA 15. NAME OF HUSBAND OR WIFE Albert P. Greer

16. FATHER'S NAME William Cole 17. MOTHER'S MAIDEN NAME Della Mitchell 18. INFORMANT ADDRESS Vernon Greer, Nashville, Tenn.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH Enter only one cause per line for (A), (B), (C) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Tuberculosis of Lungs also

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last DUE TO (B) DUE TO (C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH (IF NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I) Hypertension Heart Disease - Deole's Malnutrition

20. WAS AUTOPSY PERFORMED? YES NO X

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 MO. DAY YR. 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 M. Curwood M.D. MED. EXAM. D.O. OTHER (SPECIFY) ADDRESS Nashville, Tenn. DATE 6/16/64

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL June 15, 1964 23C. NAME OF Cemetery or Crematory Cross Roads Baptist Church Cemetery 23D. LOCATION CITY, TOWN OR COUNTY STATE Benton County, Tenn.

24. FUNERAL DIRECTOR ADDRESS FINLEY DORRIS & CHARLTON CO. NASHVILLE, TENN. 25. REGISTRATION DIST. NO. 21901 26. DATE SIGNED BY 6-22-64 27. REGISTRAR'S SIGNATURE Cordis D. Hodges Deputy Registrar

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

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATE. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS AFTER DEATH. SIGNATURE NOT BE DELETED.

CAUSE OF DEATH. DO NOT WRITE IN THESE SPACES. DO NOT WRITE IN THESE SPACES. DO NOT WRITE IN THESE SPACES.

FUNERAL DIRECTOR POSING TO FILE WITH LOCAL HEALTH DEPARTMENT AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

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