0195
20
0195

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

TYPE OR WRITE PLAINLY. ONLY PERMANENT BLUE OR BLACK INK ACCEPTABLE. SIGNATURE MUST BE IN PERMANENT BLUE OR BLACK INK.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY COUNTY HEALTH OFFICER OR EXECUTING AUTHORITY MUST SIGN CERTIFICATE WITHIN 72 HOURS IF PHYSICIAN'S SIGNATURE IS NOT DELEGATED.

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

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.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

FORM 120

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

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

BIRTH NO.

DEATH NO. 62-25998

1. NAME: Joshua (First) Rieff (Middle) Boyd (Last) Sr. 2. DATE OF DEATH (Month Day Year): 10-22-62

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.	M.	Married	8/21/02	60				

8. PLACE OF DEATH
A. COUNTY: Anderson B. CIVIL DISTRICT: 4
C. CITY OR TOWN: Oak Ridge D. LENGTH OF STAY IN THIS PLACE: 2 Days
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: Anderson CIVIL DISTRICT: 4
C. CITY OR TOWN: Oak Ridge E. INSIDE CITY LIMITS? YES ☒ NO ☐
F. STREET ADDRESS (OR LOCATION): 117 E. Geneva Lane G. IS RESIDENCE ON A FARM? YES ☐ NO ☒

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired)	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
Office Mgr.	Construction	414-09-8961	Yes	# 1

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Tennessee	U.S.A.	Anna M. Boyd

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	18. INFORMANT	ADDRESS
Thomas M. Boyd	Sarah Jane Patterson	Anna M. Boyd	Same

MEDICAL CERTIFICATION — 4201

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

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Coronary Thrombosis 450

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

DUE TO (B) Arteriosclerosis

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: Acute

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 ☒

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

21B. DESCRIBE HOW INJURY Ooccurred (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 NOV - 2 '62

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: [signature] M.D. ☒ D.O. ☐ OTHER (SPECIFY)
ADDRESS: Oak Ridge Tenn. DATE: 10-29-62

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	10/24/62	Memorial Park	Oak Ridge, Tenn.

24. FUNERAL DIRECTOR — ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
MARTIN FUNERAL HOME Oak Ridge, Tennessee	20104	11-1-62	Mildred E. Disney, Dy