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0305

CERTIFICATE OF DEATH

2723

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

REG. NO. 43581
REG. DIST. NO. 357

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY
USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

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 REQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE WITH A PHOTOSTAT.

1. FULL NAME Elbert Royal Abbott, 2. DATE OF DEATH Feb. 16, 19 47
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
A) COUNTY Hardeman CIVIL DISTRICT 1st
B) CITY OR TOWN Near Bolivar, Tennessee
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL Western State Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: IN HOSPITAL 4 Years COMMUNITY

4. USUAL RESIDENCE A) STATE Tenn.
B) COUNTY Benton, CIVIL DISTRICT
C) CITY OR TOWN Camden
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. No
E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)
IF YES, NAME COUNTRY _____

5. RACE OR COLOR W 6. SEX Male 7. ~~SINGLE, MARRIED,~~ WIDOWED, DIVORCED
8. AGE 85 9 21 IF LESS THAN ONE DAY
YEARS MONTHS DAYS HRS. MINS.
9. DATE OF BIRTH: MONTH April DAY 26 YEAR 1861
10. PLACE OF BIRTH: CITY OR COUNTY Camden STATE OR COUNTRY Tenn.
11. HUSBAND OR WIFE OF Unkn
AGE OF HUSBAND OR WIFE, IF LIVING Unkn YEARS
12. IF VETERAN SOCIAL SECURITY NUMBER
NAME OF WAR No None
13. USUAL OCCUPATION Farmer
14. INDUSTRY OR BUSINESS None

15. FULL NAME William Abbott,
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Tenn.
16. MAIDEN NAME Unkn
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Tenn.

17. INFORMANT Mrs. Pearl Cole, Daughter,
ADDRESS Camden, Tennessee

18. BURIAL, REMOVAL OR CREMATION Removal DATE Feb. 16, 19 47
CEMETERY PLACE

19. UNDERTAKER Dillard + Son
ADDRESS Huntingdon Tenn BY W. M. Ebel
DATE FILED 3-4-47 19 Elizabeth B. Purcell REGISTRAR Dip.

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 22, 19 42 TO February 16, 19 47
AND THAT I LAST SAW HIM ALIVE ON February 16, 1947
AND THAT DEATH OCCURRED ON THE DATE STATED AT 7:50 AM
IMMEDIATE CAUSE OF DEATH:
Acute Coronary Occlusion
DURATION Short
94A
97
DUE TO: Psychosis with Cerebral Arteriosclerosis
OTHER CONDITIONS _____
(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)
OPERATION? NO FINDINGS
AUTOPSY? NO FINDINGS
PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____
B) DATE OF OCCURRENCE _____
C) WHERE DID INJURY OCCUR _____ CITY COUNTY STATE
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____
WHILE AT WORK MEANS OF INJURY
SIGNATURE W. M. Ebel M.D.
ADDRESS Western State Hosp DATE SIGNED 2-17-47