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

BIRTH NO.

DEATH NO. 60-09244

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

WRI[redacted]AIRLY WITH PER[redacted]ENT INK OR TYPEWRITER.

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

CAUSE O[redacted]. DO NOT GI[redacted]OF DYING SUC[redacted]RT AILURE [redacted]A, ETC. GIV[redacted]19- ASE, I[redacted]OR COMPLICA[redacted]CH CAUSED

FUNER[redacted]CTOR OR PER[redacted]SING OF BOI[redacted]FILE CERTIFI[redacted]LO- CAL RE[redacted]ITHIN 72 H[redacted]FTER DEATH AND [redacted]OR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

0092 4X1960

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

FORM 120

1. NAME: Virginia Ann Watson (First / Middle / Last)				2. DATE OF DEATH: April 19-1960 (Month / Day / Year)		
3. COLOR OR RACE: W	4. SEX: F	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	6. DATE OF BIRTH: Month Day Year: April 11. 1936	7. AGE (IN YEARS LAST BIRTHDAY): 24	IF UNDER 1 YR. MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MINS.

8. PLACE OF DEATH	9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. COUNTY: Benton — B. CIVIL DISTRICT: 12	A. STATE: Tenn — B. COUNTY: Benton — C. CIVIL DISTRICT: 12
C. CITY OR TOWN: Camden — D. LENGTH OF STAY IN THIS PLACE: Life	D. CITY OR TOWN: Camden — E. INSIDE CITY LIMITS? YES ☐ NO ☒
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): at home Rt 3 Camden — F. INSIDE CITY LIMITS? YES ☐ NO ☒	F. STREET ADDRESS (OR LOCATION) — 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
Operator	Penn Shoe Co	411-58-9608	

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Tenn		Jack Frank Watson Camden

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	18. INFORMANT — ADDRESS
Willie B French	Hazel Lynch	Mrs W B French Camden 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): Burned to death in house fire 9160

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

DUE TO (B):

DUE TO (C):

INTERVAL BETWEEN ONSET AND DEATH: —

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 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 MAY 2 '60
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: Robert D Bourne Jr, M.D. ☒ D.O. ☐ OTHER (SPECIFY) ☐

ADDRESS: Benton Clinic Tennessee Camden

DATE: 22 April 1960

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	4-27-60	Cross Roads	Camden Tenn

24. FUNERAL DIRECTOR — ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Stockdale-Malin Camden	40317	4-25-60	Dwaque Robins, Dep