Dr. John Thornton, Jr.

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CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH — STATE OF TENNESSEE — DIVISION OF VITAL STATISTICS

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

BIRTH NO. 3807 — DEATH NO. 55-00847

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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN ATTENDANCE OFFICER IF HELD CORONER, PLETION SIGN MEDICATION OF SIGNATURE NOT BE DELE

CAUSE OF DEATH. ENTER ONE CAUSE A. B. NOT DYING CH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE 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

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1. NAME: Albert Edwin Dixon (FIRST MIDDLE LAST) — 2. DATE OF DEATH: 1/15/1955 (MONTH DAY YEAR)

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	IF UNDER 1 YR. DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MINS.
White	Male	Married	6/16/1886	68				

8. PLACE OF DEATH
A. COUNTY: Haywood — B. CIVIL DISTRICT: 7
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Brownsville, Tenn
D. LENGTH OF STAY IN THIS PLACE: Life
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location): RFD #

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn — B. COUNTY: Haywood — C. CIVIL DISTRICT
D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Brownsville, Tenn.
E. STREET ADDRESS (IF RURAL, GIVE LOCATION): RFD #

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired): Farmer & Bank Appraiseer
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. SOCIAL SECURITY NUMBER:
12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN: No — IF YES, GIVE WAR AND DATES OF SERVICE:
13. BIRTHPLACE (State or Foreign Country): Tennessee
14. CITIZEN OF WHAT COUNTRY?: U.S.A.

15. FATHER'S NAME: Edwin Dixon
16. MOTHER'S MAIDEN NAME: Lyda Johnson
17. INFORMANT — ADDRESS: Mrs. Lizzie Dixon B'ville, 10

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Coronary occlusion 420.1 — immediate
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) arteriosclerosis 450
DUE TO (C)
2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20A. AUTOPSY YES ☐ NO ☐
20B. FINDINGS AT AUTOPSY:

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY):
21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Bldg., etc.):
21C. PLACE OF INJURY — CITY, TOWN OR RURAL — COUNTY — STATE
21D. TIME OF INJURY — MONTH DAY YEAR HOUR:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

RECEIVED FEB 10 1955 HEALTH DEPT.

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: John Thornton Jr. — M.D. ☐ OTHER (SPECIFY) ☐
ADDRESS: Brownsville, Tenn
DATE: 18 Jan 55

23A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23B. DATE OF BURIAL, CREMATION, OR REMOVAL: 1/16/1955
23C. NAME OF Cemetery or Crematory: Oakwood
23D. LOCATION CITY, TOWN OR COUNTY — STATE: Haywood Co. Tenn.

24. FUNERAL DIRECTOR — ADDRESS: Brownsville, Funeral Home, Brownsville, Tenn.
25. REGISTRATION DIST. NO.: 43807
26. DATE SIGNED BY LOCAL REG.: Feb. 8, 1955
27. REGISTRAR'S SIGNATURE: Martha Jean Stallings Deputy