

CERTIFICATE OF DEATH

10716

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO.	250
REG. DIST. NO.	41911

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY
USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.

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 INQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE WITH PHOTOSTAT.

1911
1911

1. FULL NAME David Alfred Groom 2. DATE OF DEATH 4-11-41
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
A) COUNTY Davidson CIVIL DISTRICT 11
B) CITY OR TOWN Madison
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL Old Hickory Blvd
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____

4. LEGAL RESIDENCE:
A) STATE Tenn
B) COUNTY Davidson CIVIL DISTRICT 11
C) CITY OR TOWN Madison
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. Old Hickory Blvd
E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)
IF YES, NAME COUNTRY _____

5. RACE OR COLOR White 6. SEX Male 7. SINGLE, MARRIED, WIDOWED DIVORCED
8. AGE 81 11 5 IF LESS THAN ONE DAY
YEARS MONTHS DAYS HRS. MINS.

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-9-41 TO 4-10-41
AND THAT I LAST SAW HIM ALIVE ON 4-10-41
AND THAT DEATH OCCURRED ON THE DATE STATED AT 3 A M.

9. DATE OF BIRTH: MONTH 5 DAY 6 YEAR 1859
10. PLACE OF BIRTH: CITY OR COUNTY Carroll STATE OR COUNTRY Tenn

IMMEDIATE CAUSE OF DEATH:
Arteriosclerosis
Cardiovascular
Renal Disease
DURATION 13 1/4
DUE TO: _____

11. HUSBAND OR WIFE OF _____
AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____
NAME OF WAR _____

13. USUAL OCCUPATION Farmer

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

14. INDUSTRY OR BUSINESS _____

FATHER 15. FULL NAME James Groom
BIRTHPLACE CITY OR COUNTY Carroll STATE OR COUNTRY Tenn

MOTHER 16. MAIDEN NAME Not Known
BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY _____

17. INFORMANT Mrs R P Groom
ADDRESS Madison Tenn

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? _____

18. BURIAL, REMOVAL OR CREMATION Burial DATE 4-12-41
CEMETERY Hollow Rock PLACE Tenn

19. UNDERTAKER Cole + Garrett
ADDRESS Goodlettsville BY J.C.G.

DATE FILED 4-17-41 Nazel Biles REGISTRAR

WHILE AT WORK _____ MEANS OF INJURY _____
SIGNATURE F. S. [Signature] M.D.
ADDRESS Old Hickory Tenn DATE SIGNED 4-11-41