

Dr. Holladay

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

53-10101

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

BIRTH NO. _____ COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO. _____
1. NAME James Wesley Sanders 2. DATE OF DEATH 3/28/1953
FIRST MIDDLE LAST MONTH DAY YEAR

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

3. COLOR OR RACE W 4. SEX M 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) _____ 6. DATE OF BIRTH Oct 9, 1869 7. AGE (IN YEARS) 83 8. IF UNDER 1 YR. MONTHS _____ DAYS _____ 9. IF UNDER 24 HRS. HOURS _____ MINS. _____

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN IN ATTENDANCE, HEALTH OFFICER (OTHER THAN NER, IF IN Q. HELD) FILE MEDICAL CERTIFICATION. PC NATURE DELEGATED TO BE

B. PLACE OF DEATH A. COUNTY Carroll B. CIVIL DISTRICT 11 ad 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE Tenn B. COUNTY Benton C. CIVIL DISTRICT 1
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Huntingdon D. LENGTH OF STAY IN THIS PLACE years D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) R # 2

E. NAME OF HOSPITAL (If not in Hospital or Institution, Give Street Address and Location) None E. STREET (IF RURAL, GIVE LOCATION) ADDRESS _____

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Farmer 10B. KIND OF BUSINESS OR INDUSTRY Army 11. SOCIAL SECURITY NUMBER None

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN _____ IF YES, GIVE WAR AND DATES OF SERVICE _____ 13. BIRTHPLACE (State or Foreign Country) Benton, Mo. 14. CITIZEN OF WHAT COUNTRY? U.S.A.

15. FATHER'S NAME Elijah Sanders 16. MOTHER'S MAIDEN NAME Bettie Prince 17. INFORMANT Porter Sanders, Huntingdon Tenn ADDRESS _____

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia 450.0
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) DUE TO (B) 794
STATING THE UNDERLYING CAUSE LAST. DUE TO (C) Generalized Arteriosclerosis
2. OTHER SIGNIFICANT 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, Build'g, 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? _____

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE D. L. Holladay M.D. OTHER (SPECIFY) _____ ADDRESS Huntingdon, Tenn DATE May 1, 1953

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL 3/29/53 23C. NAME OF Cemetery or Crematory Bethel 23D. LOCATION (CITY, TOWN OR COUNTY) STATE Huntingdon, Tenn

24. FUNERAL DIRECTOR Carroll Funeral Home, Carroll ADDRESS _____ 25. REGISTRATION DIST. NO. 40911 26. DATE SIGNED BY LOCAL REG. 6-5-53 27. REGISTRAR'S SIGNATURE Beggy Sue Cox - Reg.

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.

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