

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

50-17035

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0305 10 0305 BIRTH NO.		DEPARTMENT OF PUBLIC HEALTH		CERTIFICATE OF DEATH		DIVISION OF VITAL STATISTICS	
1. NAME FIRST MIDDLE LAST		Cardelia Jane Cole		2. DATE OF DEATH		July 28, 1950 MONTH DAY YEAR	
3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH	7. AGE (IN YEARS LAST BIRTHDAY)	8. IF UNDER 1 YR. MONTHS DAYS	9. IF UNDER 24 HRS. HOURS MINS.	
W	F	Widowed	July 27, 1862	88	1		
8. PLACE OF DEATH			9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Specify Before Admission)				
A. COUNTY		B. CIVIL DISTRICT		A. STATE	B. COUNTY	C. CIVIL DISTRICT	
Benton		5		Tenn.	Benton	6	
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)			D. LENGTH OF STAY IN THIS PLACE		D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)		
Rural			Life		Rural		
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location)			E. STREET (IF RURAL, GIVE LOCATION) ADDRESS				
10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. SOCIAL SECURITY NUMBER	
Domestic			Housewife			None	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN			13. BIRTHPLACE (State or Foreign Country)			14. CITIZEN OF WHAT COUNTRY?	
			Tenn.				
15. FATHER'S NAME		16. MOTHER'S MAIDEN NAME		17. INFORMANT		ADDRESS	
William Allen Pierce		Sophia Butler		Mrs Lewis Allen		Camden Tenn	
MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH							
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*							
(A) Cerebral Hemorrhage							3 days
ANTECEDENT CAUSES							
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.							
DUE TO (B) Hypertensive - Cardio - Vasc.							331
Cerebral disease							5 yrs.
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 <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (Is 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE							DATE
SIGNATURE			M.D. OTHER (SPECIFY)		ADDRESS		
R. G. Horton			STATE HEALTH DEPT.		Camden		Aug 23 '50
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	
Rural		7-29-50		Pierce		Camden Tenn	
24. FUNERAL DIRECTOR ADDRESS			25. REGISTRATION DIST. NO.		26. DATE SIGNED BY LOCAL REG.		27. REGISTRAR'S SIGNATURE
Stockdale Marie Camden			31		7-8-50		C. H. Barnes