

# CERTIFICATE OF DEATH

*Dr. Keston* 4678

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

|                |    |
|----------------|----|
| REG. NO.       | 35 |
| REG. DIST. NO. | 31 |

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 A PHOTOSTAT.

0304  
1  
0304 *Little Berry Pierce*

1. FULL NAME Little Berry Pierce  
FIRST MIDDLE LAST

3. PLACE OF DEATH: Benton CIVIL DISTRICT 4

A) COUNTY Benton CIVIL DISTRICT 4

B) CITY OR TOWN Cambden Rural  
(IF OUTSIDE CITY LIMITS, WRITE RURAL.)

C) NAME OF HOSPITAL \_\_\_\_\_  
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)

D) LENGTH OF STAY: IN HOSPITAL \_\_\_\_\_ IN COMMUNITY \_\_\_\_\_

2. DATE OF DEATH March 17, 1944  
MONTH DAY YEAR

|   |                  |  |  |
|---|------------------|--|--|
| 5. RACE OR COLOR <u>W</u>   | 6. SEX <u>M</u>  | 7. SINGLE (MARRIED) <u>WIDOWED, DIVORCED</u> |  |
| 8. AGE <u>83</u> YEARS  | <u>10</u> MONTHS | <u>5</u> DAYS                                | IF LESS THAN ONE DAY<br>HRS. _____ MINS. _____ |
| 9. DATE OF BIRTH: MONTH <u>May</u> DAY <u>12</u> YEAR <u>1860</u>             |                  |  |  |
| 10. PLACE OF BIRTH: CITY OR COUNTY <u>Benton</u> STATE OR COUNTRY <u>Tenn</u> |                  |  |  |
| 11. HUSBAND OR WIFE OF <u>Catharine Pierce</u>                                |                  |  |  |
| AGE OF HUSBAND OR WIFE, IF LIVING <u>80</u> YEARS                             |                  |  |  |

4. LEGAL RESIDENCE: A) STATE Tenn CIVIL DISTRICT 4

B) COUNTY Benton CIVIL DISTRICT 4

C) CITY OR TOWN Cambden  
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)

D) STREET NO. \_\_\_\_\_

E) CITIZEN OF FOREIGN COUNTRY \_\_\_\_\_ (YES OR NO)  
IF YES, NAME COUNTRY \_\_\_\_\_

12. IF VETERAN \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
NAME OF WAR \_\_\_\_\_

13. USUAL OCCUPATION Farmer, 00044

14. INDUSTRY OR BUSINESS \_\_\_\_\_

MOTHER FATHER

15. FULL NAME William Allen Pierce  
BIRTHPLACE CITY OR COUNTY Benton STATE OR COUNTRY Tenn

16. MAIDEN NAME Sophie Butler  
BIRTHPLACE CITY OR COUNTY Benton STATE OR COUNTRY Tenn

**MEDICAL CERTIFICATION**

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Mar 1943 TO Mar 17 1944 AND THAT I LAST SAW HIM LIVE ON Mar 16 1944 AND THAT DEATH OCCURRED ON THE DATE STATED AT \_\_\_\_\_ M.

IMMEDIATE CAUSE OF DEATH: Senility

|   |  |
|---|--|
| DUE TO: _____   | DURATION <u>1628</u>   |
| OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____ | PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY |
| OPERATION? FINDINGS _____   |  |
| AUTOPSY? FINDINGS _____   |  |

17. INFORMANT Charlie Pierce  
ADDRESS Cambden Tenn

18. BURIAL, REMOVAL OR CREMATION Buried DATE 3/18 1944  
CEMETERY Cross Road PLACE Cambden Tenn

19. UNDERTAKER Cambden Rural Home  
ADDRESS Cambden Tenn BY Wm. H. C. Barnes

DATE FILED April 7 1944 C. T. Barnes REGISTRAR  
STATE HEALTH DEPT.

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? \_\_\_\_\_

WHILE AT WORK \_\_\_\_\_ MEANS OF INJURY \_\_\_\_\_

SIGNATURE R. T. Keston M.D.  
ADDRESS Benton DATE SIGNED 4/17/44