

*Dr. Jernigan*

# CERTIFICATE OF DEATH

13383

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

REG. NO. 46  
REG. DIST. NO. 31

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

USE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

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  
0307

1. FULL NAME Rose Anna Lee 2. DATE OF DEATH July 23 1945  
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH: 4. LEGAL RESIDENCE: A) STATE Tenn. CIVIL DISTRICT 4  
A) COUNTY Benton B) COUNTY Benton CIVIL DISTRICT 4  
C) CITY OR TOWN Camden, Tenn. C) CITY OR TOWN R.F.D. #3  
(IF OUTSIDE CITY LIMITS, WRITE RURAL) (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)  
D) STREET NO. \_\_\_\_\_ E) CITIZEN OF FOREIGN COUNTRY \_\_\_\_\_ (YES OR NO)  
IF YES, NAME COUNTRY \_\_\_\_\_

5. RACE OR COLOR W. 6. SEX ♀ 7. SINGLE, MARRIED, WIDOWED DIVORCED  
8. AGE 80 YEARS 1 MONTHS 28 DAYS IF LESS THAN ONE DAY HRS. MINS.  
9. DATE OF BIRTH: MONTH May DAY 26 YEAR \_\_\_\_\_  
10. PLACE OF BIRTH: CITY OR COUNTY Benton STATE OR COUNTRY Tenn.  
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 At Home  
14. INDUSTRY OR BUSINESS \_\_\_\_\_

FATHER 15. FULL NAME William Allen Pierce  
BIRTHPLACE CITY OR COUNTY Benton STATE OR COUNTRY Tenn.  
MOTHER 16. MAIDEN NAME Joseph Budder  
BIRTHPLACE CITY OR COUNTY Carroll STATE OR COUNTRY Tenn.

17. INFORMANT Mrs. M. J. Henderson  
ADDRESS Camden Tenn  
18. BURIAL, REMOVAL OR CREMATION Buried DATE 7/24 1945  
CEMETERY Prescut Hill PLACE Hickory, Tenn.  
19. UNDERTAKER Camden Funeral Home  
ADDRESS Camden, Tenn BY Mrs. D. E. B...  
DATE FILED Aug. 9 1945 C. H. Barnes REGISTRAR

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 14 1943 TO July 23 1945 AND THAT I LAST SAW HER ALIVE ON July 20 1945 AND THAT DEATH OCCURRED ON THE DATE STATED AT \_\_\_\_\_ P.M.  
IMMEDIATE CAUSE OF DEATH: Arthritis Deflexion DURATION 3 yrs  
DUE TO: \_\_\_\_\_  
OTHER CONDITIONS where (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)  
OPERATION? FINDINGS \_\_\_\_\_  
AUTOPSY? FINDINGS \_\_\_\_\_

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 \_\_\_\_\_ STATE HEALTH DEPT. 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 L. E. Jernigan M.D. DATE SIGNED 8/6/45  
ADDRESS Brentwood