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

WRITE CLEARLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTE COMPLETE AND SIGN CERTIFICATE WITHIN 72 HOURS AFTER SIGNATURE OF DELEGATE.

CAUSE OF DEATH. DO NOT WRITE DYING FAILURE, ETC. EASE, COMPL. CAUSE.

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.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - PUBLIC HEALTH SERVICE

7991
20
7991
BIRTH NO.

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

420.0

DEATH NO. 56-16903

1. NAME Robert Levi Pierce FIRST MIDDLE LAST			2. DATE OF DEATH 7 28- 1956 MONTH DAY YEAR		
3. COLOR OR RACE W	4. SEX M	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	6. DATE OF BIRTH 3-8-1873 MONTH DAY YEAR	7. AGE (IN YEARS) LAST BIRTHDAY 83	IF UNDER 1 YR. MONTHS 4 HOURS 20 MINS.
8. PLACE OF DEATH A. COUNTY Shelby B. CIVIL DISTRICT 5th C. CITY OR TOWN Memphis D. LENGTH OF STAY IN THIS PLACE 14 Years			9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn B. COUNTY Shelby C. CIVIL DISTRICT 5th D. CITY OR TOWN Memphis E. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> F. STREET ADDRESS (OR LOCATION) 2466 Malone G. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
10A. USUAL OCCUPATION Retired (Kind of Work Done During Most of Working Life, Even if Retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY Farming		11. SOCIAL SECURITY NUMBER	12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE YES NO OR UNKNOWN
13. BIRTHPLACE (State or Foreign Country) Benton Co. Tenn.		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. NAME OF HUSBAND OR WIFE Mrs. Virginia Rogers Pierce	
16. FATHER'S NAME Wm. Allen Pierce		17. MOTHER'S MAIDEN NAME Sophia Butler		18. INFORMANT ADDRESS R. Fulton Pierce, 1935 Lamar Memphis	
19. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Arteriosclerotic Heart Disease</i> 420.0 Conditions, if any, which gave rise to above cause (A); stating the underlying cause last } DUE TO (B) _____ DUE TO (C) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)					INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
21A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)			
21C. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M.		AUG 15 1956			
21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.)		21F. PLACE OF INJURY CITY, TOWN OR RURAL HEALTH DIST. STATE	
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE					
SIGNATURE <i>Charles S. Clarke</i> M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> OTHER (SPECIFY)			ADDRESS Memphis Tenn		DATE 8/4/56
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23B. DATE OF BURIAL, CREMATION, OR REMOVAL 7-30-56		23C. NAME OF Cemetery or Crematory Camden City	
				23D. LOCATION CITY, TOWN OR COUNTY STATE Camden Tenn.	
24. FUNERAL DIRECTOR ADDRESS Cosmopolitan Funeral Home 1900 Union		25. REGISTRATION DIST. NO. 791		26. DATE SIGNED BY LOCAL REG. AUG 7 1956	
				27. REGISTRAR'S SIGNATURE <i>L.M. Branes</i>	

by *Blue Lachey* Deputy.