

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 EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS AFTER DEATH.

CAUSE OF DEATH. MODE OF HEART DISEASE, DISORDER, OR WHICH

REGISTRATION OF DEATH. FILE WITHIN 2 HOURS AFTER DEATH AND PRIOR TO REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

FORM 120

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

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

0300
10
0300
BIRTH NO.

DEATH NO. 60-17425

1. NAME <u>Laura</u> <u>A.</u> <u>Jones</u>			2. DATE OF DEATH <u>7-6-1960</u>		
3. COLOR OR RACE <u>W</u>			4. SEX <u>F</u>	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>	6. DATE MONTH DAY YEAR OF BIRTH <u>11-3-1879</u>
7. AGE (IN YEARS) (LAST BIRTHDAY) <u>80</u>	IF UNDER 1 YR. MONTHS <u></u> DAYS <u></u>	IF UNDER 24 HRS. HOURS <u></u> MINS. <u></u>			
8. PLACE OF DEATH			9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)		
A. COUNTY <u>Benton</u>		B. CIVIL DISTRICT <u>5</u>	A. STATE <u>Tenn.</u>	B. COUNTY <u>Benton</u>	C. CIVIL DISTRICT <u>5</u>
C. CITY OR TOWN <u>Camden</u>		D. LENGTH OF STAY IN THIS PLACE <u>Life</u>	D. CITY OR TOWN <u>Camden</u>	E. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) <u>Old Depot</u>			F. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	F. STREET ADDRESS (OR LOCATION) <u>Old Depot</u>	G. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even If Retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. SOCIAL SECURITY NUMBER	12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE	
13. BIRTHPLACE (State or Foreign Country) <u>Tennessee</u>		14. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	15. NAME OF HUSBAND OR WIFE <u>John Robert Jones</u>		
16. FATHER'S NAME <u>William Allen Pierce</u>		17. MOTHER'S MAIDEN NAME <u>Sophia Butler</u>	18. INFORMANT ADDRESS <u>Berthel Crossno Camden</u>		
19. CAUSE OF DEATH (Enter only one cause per line for (A), (B), (C))					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <u>Cerebrovascular Accident (Thrombosis)</u>					<u>6 mos</u>
DUE TO (B) <u>Atherosclerotic Cardiovascular Disease</u>					<u>33.2</u>
DUE TO (C) <u>260</u>					<u>Unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A) <u>Diabetes Mellitus</u>					20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <u></u> NO. <u></u> DAY <u></u> YR. <u></u> A.M. <u></u> P.M. <u></u>		REC'D BY STATE AUG 1 '60			
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 COUNTY STATE		
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE					
SIGNATURE <u>W. H. Blackburn</u>			M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/>	ADDRESS <u>Camden, Tenn</u>	DATE <u>1/15/60</u>
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		23B. DATE OF BURIAL, CREMATION, OR REMOVAL <u>7-8-1960</u>	23C. NAME OF Cemetery or Crematory <u>Cross Road Cem.</u>	23D. LOCATION CITY, TOWN OR COUNTY STATE <u>Benton Co. Tenn.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Stockdale-Malin Camden, Tenn.</u>		25. REGISTRATION DIST. NO. <u>40305</u>	26. DATE SIGNED BY LOCAL REG. <u>7-20-60</u>	27. REGISTRAR'S SIGNATURE <u>Maquie Robins, Dep</u>	