

CERTIFICATE OF DEATH

18259

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE
COOPERATING WITH DEPT. OF COMMERCE

DIV. OF VITAL STATISTICS
BUREAU OF THE CENSUS

REG. NO. <u>52</u>
REG. DIST. NO. <u>431</u>

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 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 PHOTOSTAT.

4305 4305		1. FULL NAME <u>Matilda Susen Cates,</u>		2. DATE OF DEATH <u>July 9, 1941</u>	
(FIRST MIDDLE LAST)				MONTH DAY YEAR	
3. PLACE OF DEATH:					
A) COUNTY <u>Humphreys,</u>		CIVIL DISTRICT <u>5</u>		4. LEGAL RESIDENCE:	
B) CITY OR TOWN <u>Cuba Landing, Tenn.</u>		(IF OUTSIDE CITY LIMITS, WRITE RURAL)		A) STATE <u>Tenn.</u>	
C) NAME OF HOSPITAL _____					
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)					
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY <u>35 yrs.</u>					
IF FOREIGN BORN HOW LONG IN U.S.A. _____ YRS.					
5. RACE OR COLOR <u>White</u> 6. SEX <u>Female</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>Widowed.</u>					
8. AGE: <u>83</u> YEARS <u>2</u> MONTHS <u>12</u> DAYS IF LESS THAN ONE DAY HRS. MINS.					
9. DATE OF BIRTH: MONTH <u>Apr.</u> DAY <u>27,</u> YEAR <u>1858.</u>					
10. PLACE OF BIRTH: CITY OR COUNTY <u>Benton</u> STATE OR COUNTRY <u>Tenn.</u>					
11. HUSBAND OR WIFE OF <u>T.J. Cates.</u>					
AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS					
12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____					
NAME OF WAR _____					
13. USUAL OCCUPATION <u>At home.</u>					
14. INDUSTRY OR BUSINESS _____					
15. FULL NAME <u>William Allen Pierce,</u>					
BIRTHPLACE CITY OR COUNTY <u>Benton</u> STATE OR COUNTRY <u>Tenn.</u>					
16. MAIDEN NAME <u>Sophia Butler,</u>					
BIRTHPLACE CITY OR COUNTY <u>Carroll</u> STATE OR COUNTRY <u>Tenn.</u>					
17. INFORMANT <u>W.J. Cates,</u>					
ADDRESS <u>Cuba Landing, Tenn.</u>					
18. BURIAL, REMOVAL OR CREMATION <u>Burial</u> DATE <u>July 10, 1941</u>					
CEMETERY <u>Pierce,</u> PLACE <u>Camden, Tenn.</u>					
R <u>3.</u>					
19. UNDERTAKER <u>Luff-Bowen Co.</u>					
ADDRESS <u>Waverly, Tenn.</u>					
DATE FILED <u>8-8-1941</u> REGISTRAR <u>Wm. P. F. Gould</u>					
20. MEDICAL CERTIFICATION					
I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>June</u> 19 <u>41</u> TO <u>July</u> 19 <u>41</u>					
AND THAT I LAST SAW HER ALIVE ON <u>July 1</u> 19 <u>41</u>					
AND THAT DEATH OCCURRED ON THE DATE STATED AT <u>5-20, A</u>					
IMMEDIATE CAUSE OF DEATH: <u>Bacillary Dysentery</u>					
DUE TO: _____					
OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) <u>Pub. J. B. C.</u>					
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 _____					
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 <u>W. C. Capps</u> M.D.					
ADDRESS <u>Waverly Tenn</u> DATE SIGNED <u>7-25-41</u>					