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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN ATTENDANCE, HE CER (OR IF INQUEST HELD) M PLETE A MEDICAL TION. POW NATURE C DELEGATE

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DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

BIRTH NO. 0711

DEATH NO. 52-17395

1. NAME (FIRST)	(MIDDLE)	(LAST)	2. DATE OF DEATH (MONTH)	(DAY)	(YEAR)
Minnie	Adeline	Boyd	Apr.	23	1952

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH (MONTH DAY YEAR)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MINS.
W	F	Widowed	Unkn	Approx. 70				

8. PLACE OF DEATH
A. COUNTY: Hardeman
B. CIVIL DISTRICT: #1
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Near Bolivar, Rural
D. LENGTH OF STAY IN THIS PLACE: 2 yrs
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location): Western State Hospital

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn
B. COUNTY: Carroll
C. CIVIL DISTRICT
D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Hutingdon,
E. STREET (IF RURAL, GIVE LOCATION) ADDRESS:

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER
Housework	-	-

12. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY, YES, NO, UNKNOWN)	IF YES, GIVE WAR AND DATES OF SERVICE	13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?
No		Benton Co. Tennessee	U.S.A.

15. FATHER'S NAME	16. MOTHER'S MAIDEN NAME	17. INFORMANT ADDRESS
P. H. Melton	Evelyn Pinkerston	John H. Abbott, Huntingdon, Tenn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(A) Coronary artery Occlusion	420.1
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerosis	
	DUE TO (C)	
2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	Senile Psychosis	304

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20A. AUTOPSY YES / NO	20B. FINDINGS AT AUTOPSY
		NO [x]	

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Bild'g, etc.)	21C. PLACE OF INJURY CITY, TOWN OR RURAL	COUNTY	STATE
		RECEIVED		

21D. TIME OF INJURY MONTH DAY YEAR HOUR	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?
		MAY 1 2 1952

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE	M.D. [x] OTHER (SPECIFY)	ADDRESS	DATE
R. L. Brickell, Jr		Western St. Hospital, Tenn	

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)	23B. DATE OF BURIAL, CREMATION, OR REMOVAL	23C. NAME OF Cemetery or Crematory	23D. LOCATION CITY, TOWN OR COUNTY	STATE
Removal				

24. FUNERAL DIRECTOR ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Wildon Funeral Home Hutington. Tenn.	43501	4.28.52	Dr. R. L. Cobb By E. Pierce, Dep Reg

CAUSE OF DEATH. ENTER ONLY ONE CAUSE PER LINE FOR A. B. C. * THIS DOES NOT MEAN MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.

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.

FORM 120

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