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CERTIFICATE OF DEATH

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

REG. NO. 40915
REG. DIST. NO. 91

0915
0915

1. FULL NAME Alpheus Jordan Butler (FIRST MIDDLE LAST) 2. DATE OF DEATH Jan. 23 (MONTH) 1946 (DAY YEAR)

3. PLACE OF DEATH:
A) COUNTY Carroll CIVIL DISTRICT 15
B) CITY OR TOWN Buena Vista (IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL ✓ (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: IN HOSPITAL ✓ IN COMMUNITY ✓

4. USUAL RESIDENCE:
A) STATE Tenn.
B) COUNTY Carroll CIVIL DISTRICT 15
C) CITY OR TOWN Buena Vista (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. ✓
E) CITIZEN OF FOREIGN COUNTRY No (YES OR NO)
IF YES, NAME COUNTRY ✓

5. RACE OR COLOR White
6. SEX Male
7. ~~SINGLE~~, ~~MARRIED~~, Widowed, ~~DIVORCED~~
8. AGE 93 YEARS 0 MONTHS 18 DAYS IF LESS THAN ONE DAY ✓ HRS. MINS.
9. DATE OF BIRTH: MONTH Jan. DAY 5 YEAR 1854
10. PLACE OF BIRTH: CITY OR COUNTY ✓ STATE OR ~~COUNTRY~~ Tenn.
11. HUSBAND OR WIFE OF ✓
AGE OF HUSBAND OR WIFE, IF LIVING Deceased YEARS
12. IF VETERAN NAME OF WAR ✓ SOCIAL SECURITY NUMBER ✓
13. USUAL OCCUPATION Retired Farmer
14. INDUSTRY OR BUSINESS ✓
15. FATHER FULL NAME Elias W. Butler
BIRTHPLACE CITY OR COUNTY ✓ STATE OR ~~COUNTRY~~ N. C.
16. MOTHER MAIDEN NAME Eliza Hare
BIRTHPLACE CITY OR COUNTY ✓ STATE OR ~~COUNTRY~~ N. C.
17. INFORMANT Hradon Butler
ADDRESS Buena Vista, Tenn.
18. BURIAL, ~~REMOVAL OR CREMATION~~ Burial DATE Jan. 24 1946
CEMETERY Oak Grove PLACE Carroll Co.
19. UNDERTAKER Bruceton Funeral Home
ADDRESS Bruceton BY W. E. Brewer
DATE FILED 2-4 1946 Hazel W. Levins REGISTRAR

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 1 1943 TO Jan 23 1946
AND THAT I LAST SAW H ALIVE ON 19
AND THAT DEATH OCCURRED ON THE DATE STATED AT 7:30 A.M.

IMMEDIATE CAUSE OF DEATH: Cardio-Vascular Disease — DURATION 93D

DUE TO:

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

OPERATION? FINDINGS

AUTOPSY? FINDINGS

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

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 (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 G T Cly M.D.
ADDRESS Huron Ky DATE SIGNED Jan 23/46

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE 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.

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