

Dr. Bailey

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

WRITE PLAINLY 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 OF SIGNATURE OF DELEGATE.

CAUSE OF DEATH. DO NOT WRITE OF HEART FAILURE, ETC., OR COMPLIANCE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

FUNERAL DIRECTOR LOSING OF BUSINESS FILE 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

0315
0315
BIRTH NO.

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

DEATH NO. 56-19754

1. NAME <i>Doanie B. House Mitchell</i>		2. DATE OF DEATH <i>9/8/1956</i>	
3. COLOR OR RACE <i>W</i>	4. SEX <i>M</i>	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH <i>Sept 20, 1876</i>
8. PLACE OF DEATH A. COUNTY <i>Benton</i>		9. USUAL RESIDENCE OF DECEASED A. STATE <i>Tenn</i> B. COUNTY <i>Benton</i> C. CIVIL DISTRICT <i>15</i>	
C. CITY OR TOWN <i>Candlen</i>		D. CITY OR TOWN <i>Candlen</i>	
E. NAME OF HOSPITAL OR INSTITUTION <i>R#2</i>		F. STREET ADDRESS <i>R#2</i>	
10A. USUAL OCCUPATION <i>Farmer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	
13. BIRTHPLACE <i>Benton Co.</i>		14. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. FATHER'S NAME <i>Kenny Mitchell</i>		17. MOTHER'S MAIDEN NAME <i>Elizabeth Earp</i>	
18. INFORMANT <i>Harold Mitchell</i>		ADDRESS <i>Candlen, Tenn</i>	
19. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Myocarditis chronic, hypertrophic and dilated</i> DUE TO (B) <i>Arteriosclerosis - Hypertension</i> <i>cellulitis, Rt. side left shoulder</i> DUE TO (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)			
21A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21B. DESCRIBE HOW INJURY OCCURRED <i>RECEIVED</i>	
21C. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M.		21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21E. PLACE OF INJURY <i>692</i>		21F. PLACE OF INJURY <i>OCT 9 1956</i>	
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE <i>Manofield Bailey</i> M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> OTHER (SPECIFY) ADDRESS <i>Candlen, Tenn</i> DATE <i>9-10-56</i>			
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		23B. DATE OF BURIAL, CREMATION OR REMOVAL <i>9/9/56</i>	
23C. NAME OF Cemetery or Crematory <i>Covered Chapel</i>		23D. LOCATION CITY, TOWN OR COUNTY STATE <i>Candlen, Tenn</i>	
24. FUNERAL DIRECTOR <i>Candlen Funeral Home, Candlen, Tenn</i>		25. REGISTRATION DIST. NO. <i>40315</i>	
26. DATE SIGNED BY <i>9-11-56</i>		27. REGISTRAR'S SIGNATURE <i>Imogene Robins, Dep</i>	