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

DEATH NO. 56-27311

1. NAME *Martin Luther Lynch* 2. DATE OF DEATH *Dec 22-1957*  
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE *W* 4. SEX *M* 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) *Married* 6. DATE OF BIRTH *Feb 12, 1886* 7. AGE (IN YEARS LAST BIRTHDAY) *70* 8. IF UNDER 1 YR. MONTHS DAYS 9. IF UNDER 24 HRS. HOURS MINS.

B. PLACE OF DEATH A. COUNTY *Benton* B. CIVIL DISTRICT *12* 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE *Tenn* B. COUNTY *Benton* C. CIVIL DISTRICT *2*

C. CITY OR TOWN *Camden R 2* D. LENGTH OF STAY IN THIS PLACE *3 years* D. CITY OR TOWN *Camden* E. INSIDE CITY LIMITS? YES  NO

E. NAME OF HOSPITAL OR INSTITUTION F. INSIDE CITY LIMITS? YES  NO  F. STREET ADDRESS (OR LOCATION) G. IS RESIDENCE ON A FARM? YES  NO

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) *Retired Farmer* 10B. KIND OF BUSINESS OR INDUSTRY 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) *Tenn* 14. CITIZEN OF WHAT COUNTRY? 15. NAME OF HUSBAND OR WIFE *Mrs Mammie Lynch*

16. FATHER'S NAME *Anderson Lynch* 17. MOTHER'S MAIDEN NAME *Marquet Russell* 18. INFORMANT *Earl Lynch* ADDRESS *Staceysday T*

19. CAUSE OF DEATH Enter only one cause per line for (A), (B), (C) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) *myocardial Infarction* 154

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last DUE TO (B) *Uremia and Pyelonephritis* 600

DUE TO (C) *obstruction from Surgery for CA of Bladder* PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A) 20. WAS AUTOPSY PERFORMED? YES  NO

21A. ACCIDENT SUICIDE HOMICIDE    21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)

21C. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M. *JAN 15 1957*

21D. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.) 21F. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE *Camden Tenn*

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE *J. B. Buttersworth* M. D. D. O. OTHER (SPECIFY)   ADDRESS DATE

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) *Burial* 23B. DATE OF BURIAL, CREMATION, OR REMOVAL *12-23-57* 23C. NAME OF Cemetery or Crematory *Super* 23D. LOCATION CITY, TOWN OR COUNTY STATE *Camden Tenn*

24. FUNERAL DIRECTOR *Storckdale-Malins* ADDRESS *Camden Tenn* 25. REGISTRATION DIST. NO. *40312* 26. DATE SIGNED BY LOCAL REG. *1-3-57* 27. REGISTRAR'S SIGNATURE *Dorothea Robins, Dep*

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 CERTIFICATE WITHIN 72 HOURS AFTER DEATH.

CAUSE OF DEATH. MODE OF DEATH. HEART DISEASE, PNEUMONIA, ETC. DIS-EASE, OR WHICH CAUSED DEATH.

FUNERAL DIRECTOR MUST POSSESS A LICENSE TO FILE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO REMOVAL FROM COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

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

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