

CERTIFICATE OF DEATH

4478

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

REG. NO.	263
REG. DIST. NO.	93

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

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0911

WRITE LEGIBLY
USE INK

1. FULL NAME Virginia Alice Lewis 2. DATE OF DEATH 3/24/42

(FIRST MIDDLE LAST) MONTH DAY YEAR

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF 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 A PHOTOSTAT.

3. PLACE OF DEATH:

A) COUNTY Carroll CIVIL DISTRICT 11

B) CITY OR TOWN Huntingdon Rte
(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. LEGAL RESIDENCE: A) STATE Tenn.

B) COUNTY Carroll CIVIL DISTRICT 11

C) CITY OR TOWN Huntingdon Rte
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)

D) STREET NO. _____

E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)
IF YES, NAME COUNTRY _____

5. RACE OR COLOR W 6. SEX F 7. SINGLE, MARRIED, WIDOWED, DIVORCED Married

8. AGE 67 3 1 IF LESS THAN ONE DAY
YEARS MONTHS DAYS HRS. MINS.

9. DATE OF BIRTH: MONTH Dec. DAY 23 YEAR 1874

10. PLACE OF BIRTH: CITY OR COUNTY _____ STATE OR COUNTRY Tenn.

11. HUSBAND OR WIFE OF J T Lewis
AGE OF HUSBAND OR WIFE, IF LIVING 61 YEARS

12. IF VETERAN SOCIAL SECURITY NUMBER _____
NAME OF WAR _____

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 10 1939 TO March 24 1942
AND THAT I LAST SAW HIM ALIVE ON March 24 1942
AND THAT DEATH OCCURRED ON THE DATE STATED AT 10A.M.

IMMEDIATE CAUSE OF DEATH:

Tuberculosis, chronic fibroid, pulmonary

DURATION 3 yrs

DUE TO: _____

13. USUAL OCCUPATION Housework

14. INDUSTRY OR BUSINESS Own home

15. FULL NAME Pink Melton
BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY Tenn.

16. MAIDEN NAME Evalina Pinkston
BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY Tenn.

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____

OPERATION? No FINDINGS _____

AUTOPSY? No FINDINGS _____

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

17. INFORMANT J T Lewis
ADDRESS Huntingdon Tenn.

18. BURIAL, REMOVAL OR CREMATION burial DATE 3/25/19 42
CEMETERY Pleasant Hill PLACE Blue Ridge STATE Tenn.

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? _____

19. UNDERTAKER Dilday & Son
ADDRESS Huntingdon

WHILE AT WORK _____ MEANS OF INJURY _____

SIGNATURE T. E. Massey M.D.
ADDRESS Huntingdon Tenn DATE SIGNED 3-24-42

DATE FILED Mar 26 1942 Mary Lou REGISTRAR