

Dr. B. B. ...

0318
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0300

CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH
STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS
DEATH NO. 61-21817

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 FINET EATH MEDICAL ION, AN COUNTY FICER EXECUTE DATE AND CERTIF 72 HO SIGNAL OR BE

CAUSE OF DEATH. DO A MODE OF DYING, S HEART FAILURE, ASTHENIA, ETC. GIVE THE DISASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

MUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 2 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

BIRTH NO.		DEPARTMENT OF PUBLIC HEALTH				CERTIFICATE OF DEATH				DIVISION OF VITAL STATISTICS			
1. NAME		Cordie		Kee		2. DATE OF DEATH				9/4/1961			
3. COLOR OR RACE		4. SEX		5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)		6. DATE OF BIRTH		7. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 1 YR. MONTHS		IF UNDER 24 HRS. DAYS HOURS MINS.	
8. PLACE OF DEATH		A. COUNTY		B. CIVIL DISTRICT		9. USUAL RESIDENCE OF DECEASED		A. STATE		B. COUNTY		C. CIVIL DISTRICT	
C. CITY OR TOWN		D. LENGTH OF STAY IN THIS PLACE		E. NAME OF HOSPITAL OR INSTITUTION		F. INSIDE CITY LIMITS?		G. IS RESIDENCE ON A FARM?		H. IS RESIDENCE ON A FARM?		I. IS RESIDENCE ON A FARM?	
10A. USUAL OCCUPATION		10B. KIND OF BUSINESS OR INDUSTRY		11. SOCIAL SECURITY NUMBER		12. WAS DECEASED EVER IN U.S. ARMED FORCES?		13. BIRTHPLACE		14. CITIZEN OF WHAT COUNTRY?		15. NAME OF HUSBAND OR WIFE	
16. FATHER'S NAME		17. MOTHER'S MARDEN NAME		18. INFORMANT		19. CAUSE OF DEATH		20. WAS AUTOPSY PERFORMED?		21A. ACCIDENT SUICIDE HOMICIDE		21B. DESCRIBE HOW INJURY OCCURRED	
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE		23A. BURIAL, CREMATION, REMOVAL (SPECIFY)		23B. DATE OF BURIAL, CREMATION OR REMOVAL		23C. NAME OF Cemetery or Crematory		23D. LOCATION CITY, TOWN OR COUNTY		24. FUNERAL DIRECTOR		25. REGISTRATION DIST. NO.	
26. DATE SIGNED BY		27. REGISTRAR'S SIGNATURE		28. DATE SIGNED BY		29. REGISTRAR'S SIGNATURE		30. DATE SIGNED BY		31. REGISTRAR'S SIGNATURE		32. DATE SIGNED BY	

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