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

DEATH NO. **65-003974**

1. NAME <i>Peachie</i> <i>Frances</i> <i>Miller</i> FIRST MIDDLE LAST			2. DATE OF DEATH <i>1-22-1965</i> MONTH DAY YEAR			
3. COLOR OR RACE <i>W</i>	4. SEX <i>F</i>	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>married</i>	6. DATE MONTH DAY YEAR OF BIRTH <i>9-28-1897</i>	7. AGE (IN YEARS) LAST BIRTHDAY <i>67</i>	IF UNDER 1 YR. MONTHS DAYS	IF UNDER 24 HRS. HOUR MIN.
8. PLACE OF DEATH A. COUNTY <i>Henry</i> B. CIVIL DISTRICT			9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE <i>Tenn</i> B. COUNTY <i>Benton</i> C. CIVIL DISTRICT <i>5</i>			
C. CITY OR TOWN <i>Puryear</i>		D. LENGTH OF STAY IN THIS PLACE <i>1 w/c</i>	D. CITY OR TOWN <i>Camden</i>		E. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) <i>Puryear Nursing Home</i>		F. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	F. STREET ADDRESS (OR LOCATION)		G. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) <i>Housewife</i>	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) <i>Tenn</i>	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE <i>Oscar Miller</i>				
16. FATHER'S NAME <i>W W Hatley</i>	17. MOTHER'S MAIDEN NAME <i>Nannie Smithers</i>	18. INFORMANT ADDRESS <i>Oscar Miller Camden Tenn</i>				
19. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Cerebrovascular accident</i> Enter only one cause per line for (A), (B), (C) DUE TO (B) DUE TO (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)					INTERVAL BETWEEN ONSET AND DEATH <i>3-3-1</i>	
21A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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.		21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.)		21F. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE				
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE <i>[Signature]</i> MED. M.D. EXAM. D.O. OTHER (SPECIFY) ADDRESS DATE						
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	23B. DATE OF BURIAL, CREMATION, OR REMOVAL <i>1-24-65</i>	23C. NAME OF (Cemetery or Crematory) <i>Chester Hill</i>	23D. LOCATION CITY, TOWN OR COUNTY STATE <i>Camden Tenn</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Stockdale-Malin Camden</i>		25. REGISTRATION DIST. NO. <i>44006</i>	26. DATE SIGNED BY LOCAL REG. <i>3-9-1965</i>	27. REGISTRAR'S SIGNATURE <i>Anne M. Barnett, D.R.</i>		

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

TYPE OR WRITE PLAINLY. ONLY PERMANENT BLUE OR BLACK INK ACCEPTABLE. SIGNATURE MUST BE IN PERMANENT BLUE OR BLACK INK.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DETERMINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE COMPLETE MEDICAL CERTIFICATION WITHIN 72 HOURS AFTER DEATH. SIGNATURE NOT BE

CAUSE OF DEATH. MODE OF HEART DISEASE, DISORDER, OR WHICH CAUSE FUNERARY DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE 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