

No Or

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

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.

DELAYED

CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE
COOPERATING WITH DEPT. OF COMMERCE

DIV. OF VITAL STATISTICS
BUREAU OF THE CENSUS

28529

REG. NO. 25
REG. DIST. NO. 31

1. FULL NAME Irene Ann Pierce 2. DATE OF DEATH Nov. 19 1946
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
A) COUNTY Benton CIVIL DISTRICT 10th
B) CITY OR TOWN Rural
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL None
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: IN HOSPITAL - - IN COMMUNITY 81 Yrs.

4. USUAL RESIDENCE A) STATE Tenn.
B) COUNTY Benton CIVIL DISTRICT 10
C) CITY OR TOWN Rural
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. _____
E) CITIZEN OF FOREIGN COUNTRY No (YES OR NO)
IF YES, NAME COUNTRY _____

5. RACE OR COLOR W 6. SEX F 7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~
8. AGE 81 YEARS 1 MONTHS 10 DAYS IF LESS THAN ONE DAY HRS. MINS.

9. DATE OF BIRTH: MONTH Oct. DAY 9 YEAR 1865

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

11. HUSBAND OR WIFE OF _____
AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

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

13. USUAL OCCUPATION Housewife

14. INDUSTRY OR BUSINESS _____

FATHER 15. FULL NAME Allen Watson
BIRTHPLACE CITY OR COUNTY Unknown STATE OR COUNTRY Unknown

MOTHER 16. MAIDEN NAME Lucy Jordan
BIRTHPLACE CITY OR COUNTY Unknown STATE OR COUNTRY Unknown

17. INFORMANT Allie Prince
ADDRESS Eva, Tennessee

18. BURIAL, REMOVAL OR CREMATION Burial DATE 11-20 1946
CEMETERY Morris Chapel PLACE Camden, Tenn.

19. UNDERTAKER Stockdale-King
ADDRESS Camden, Tenn. BY P.O. Stockdale

DATE FILED May 29 1947 E. H. Barnes REGISTRAR

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____
AND THAT I LAST SAW HIM ALIVE ON _____ 19____
AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.

IMMEDIATE CAUSE OF DEATH:

"Died without medical attendance"

DUE TO: _____

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

OPERATION? FINDINGS _____

AUTOPSY? FINDINGS _____

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

PD DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____

WHILE AT WORK MEANS OF INJURY _____

SIGNATURE E. H. Barnes Registrar

ADDRESS Camden, Tenn. DATE SIGNED 5/29/47