

CERTIFICATE OF DEATH

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

REG. NO. 8
 REG. DIST. NO. 40303

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY
 USE INK

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.

THERE WAS NO DOCTOR IN ATTENDANCE. MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER OR CORONER, IF INTEREST WAS HELD).

ALL CERTIFIED COPIES ARE MADE BY PHOTOSTAT.

1. FULL NAME Alvin Lyned (FIRST MIDDLE LAST) 2. DATE OF DEATH 1/27 1942 (MONTH DAY YEAR)

3. PLACE OF DEATH: A) COUNTY Benton CIVIL DISTRICT 3rd B) CITY OR TOWN Camden, Tenn C) CITY OR TOWN Camden, R. 2, Tenn. D) STREET NO. E) IF FOREIGN BORN HOW LONG IN U.S.A. YRS.

4. LEGAL RESIDENCE: A) STATE Tenn B) COUNTY Benton CIVIL DISTRICT 3rd C) CITY OR TOWN Camden, R. 2, Tenn. D) STREET NO. E) IF FOREIGN BORN HOW LONG IN U.S.A. YRS.

5. RACE OR COLOR W 6. SEX M 7. SINGLE (MARRIED) WIDOWED, DIVORCED

8. AGE 65 YEARS MONTHS 0 DAYS 26 IF LESS THAN ONE DAY HRS. MIN.

9. DATE OF BIRTH: MONTH Jan DAY 1 YEAR 1877

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

11. HUSBAND OR WIFE OF Loesel Lyned AGE OF HUSBAND OR WIFE, IF LIVING 33 YEARS

12. IF VETERAN NAME OF WAR SOCIAL SECURITY NUMBER

13. USUAL OCCUPATION Farmer

14. INDUSTRY OR BUSINESS

15. FULL NAME Andersen Lyned BIRTHPLACE CITY OR COUNTY N.C. STATE OR COUNTRY

16. MAIDEN NAME Margaret Russell BIRTHPLACE CITY OR COUNTY Benton STATE OR COUNTRY Tenn

17. INFORMANT Jessie Lyned ADDRESS Camden, Tenn

18. BURIAL, REMOVAL OR CREMATION Burial DATE 1/28 1942 CEMETERY Super PLACE Holley, Tenn

19. UNDERTAKER Camden Funeral Home ADDRESS Camden, Tenn BY J. J. Lindsey

DATE FILED Feb 4 1942 REGISTRAR STATE

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 IMMEDIATE CAUSE OF DEATH: In attending Physician DURATION 2000

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 D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE IN PUBLIC PLACE? WHILE WORK MEANS OF INJURY

SIGNATURE [Signature] M.D. ADDRESS Camden DATE SIGNED 2-2-42