

CERTIFICATE OF DEATH

27532

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS

7234 COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

DEPT. NO.	194
DEPT. DIVISION NO.	27201

THIS IS A LEGAL DOCUMENT AND WILL BE PERMANENTLY FILED.

SEE LEGALLY USE THIS

ALL FEES 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 PHOTODUPLICATION.

1. FULL NAME <u>Cynthia Ann Breeding</u>			5. DATE OF DEATH <u>Nov 11 1947</u>		
3. PLACE OF DEATH			6. USUAL RESIDENCE		
A) COUNTY <u>Putnam</u> CIVIL DISTRICT <u>1st</u>			A) STATE <u>Tennessee</u> CIVIL DISTRICT <u>1st</u>		
B) CITY OR TOWN <u>Cookeville, Tennessee</u> <small>(IF OUTSIDE CITY LIMITS, WRITE FULLY)</small>			B) CITY OR TOWN <u>Cookeville, Tenn.</u> <small>(IF OUTSIDE CITY LIMITS, WRITE FULLY)</small>		
C) NAME OF HOSPITAL			C) STREET NO.		
D) LENGTH OF STAY IN HOSPITAL <input checked="" type="checkbox"/> IN COMMUNITY <input checked="" type="checkbox"/>			D) CITIZEN OF FOREIGN COUNTRY <u>NO</u> (YES OR NO) <small>IF YES, NAME COUNTRY</small>		
8. RACE OR COLOR <u>W. Female</u>			7. MARRIAGE HISTORY <u>WIDOWED</u>		
9. AGE <u>83</u> YEARS <u>0</u> MONTHS <u>18</u> DAYS			MEDICAL CERTIFICATION		
10. DATE OF BIRTH: MONTH <u>Oct.</u> DAY <u>24</u> YEAR <u>1864</u>			10. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>9-13-1947</u> TO <u>11-11-1947</u> AND THAT I LAST SAW HIM ALIVE ON <u>11-11-1947</u> AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.		
11. HUSBAND OR WIFE OF <u>Reuben Breeding</u>			IMMEDIATE CAUSE OF DEATH: <u>Uremia</u>		
12. IF VETERAN NAME OF WAR <u>None</u> SOCIAL SECURITY NUMBER <u>None</u>			DURATION <u>13 1/2</u>		
13. USUAL OCCUPATION <u>Housewife</u>			DUE TO <u>Chronic Nephritis</u>		
14. INDUSTRY OR BUSINESS <u>None</u>			OTHER CONDITIONS <u>arteriosclerosis, paralysis left</u>		
15. FULL NAME <u>William Mills</u>			OPERATION? FINDINGS		
16. BIRTHPLACE <u>Unknown</u> STATE OF <u>Tenn.</u>			AUTOPSY? FINDINGS		
17. MAIDEN NAME <u>Ann Barnes</u>			21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:		
18. BIRTHPLACE <u>Unknown</u> STATE OF <u>Tenn.</u>			A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY)		
19. INFORMANT <u>Mr. Sam McCully</u>			B) DATE OF OCCURRENCE		
ADDRESS <u>Cookeville, Tenn.</u>			C) WHERE DID INJURY OCCUR		
20. BURIAL REMOVAL OR CREMATION <u>Burial</u> DATE <u>11-13-1947</u>			D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?		
CEMETERY <u>City</u> PLACE <u>Cookeville, Tenn.</u>			WHILE AT WORK MEANS OF INJURY		
21. UNDERTAKER <u>Whitson Funeral Home, Inc.</u>			SIGNATURE <u>J. H. Taylor, M.D.</u>		
ADDRESS <u>Cookeville, Tenn. by E. H. Trooper</u>			ADDRESS <u>Cookeville</u> DATE SIGNED <u>Nov 11 1947</u>		
DATE FILED <u>12-14-1947</u> <u>Car C Carter</u>			REGISTERED		