

CERTIFICATE OF DEATH

3311

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

REG. NO. _____
MED. DEPT. NO. **731**

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED

WRITE LEGIBLY USE INK

ALL RECORDS MUST BE COMPLETELY ACCURATE. NO ALTERATION CAN BE MADE ANY DAY AFTER CERTIFICATE IS ISSUED. CORRECTIONS MAY BE MADE BY AUTHORITY 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.

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

ALL CERTIFIED COPIES ARE MADE BY XEROGRAPHY.

1. FULL NAME **Melissa Choate** 2. DATE OF DEATH **Feb. 27, 1943**

3. PLACE OF BIRTH **Putnam, Coakville Rural**
CIVIL DISTRICT **1st**
4. CITY OR TOWN **Coakville Rural**
IF OUTSIDE CITY LIMITS, WRITE FULL
5. NAME OF STATE **Tennessee**
IF NOT IN HOSPITAL OR INSTITUTION, SIGN STATEMENT OF LOCATION OF DEATH: **IN HOME** **IN COMMUNITY**

6. LEGAL RESIDENCE **Putnam** AT STATE **Tenn**
BY COUNTY **Putnam** CIVIL DISTRICT **1st**
7. CITY OR TOWN **Coakville R.T.**
IF OUTSIDE CITY LIMITS, GIVE P.O. NO.
8. STREET NO. _____
9. CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)
IF YES, NAME COUNTRY _____

10. SEX **Female** 11. SINGLE, MARRIED, DIVORCED, WIDOWED **Widowed**
12. AGE **47** YEARS MONTHS _____ DAYS _____ IF LESS THAN ONE DAY
13. DATE OF BIRTH: MONTH **unknown** YEAR **unknown**

14. MEDICAL CERTIFICATION
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **April 19, 1942** TO **Feb 23, 1943**
AND THAT I LAST SAW HER ALIVE ON **Feb 23, 1943**
AND THAT DEATH OCCURRED ON THE DATE STATED AT **7 PM**

IMMEDIATE CAUSE OF DEATH: **sterility**
DURATION: **16 1/2**

14. PLACE OF BIRTH: CITY OF **unknown** COUNTY **unknown** STATE **unknown**
15. HUSBAND OR WIFE OF **widow**
16. AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

17. OTHER CONDITIONS (INCLUDE PRESENT WITHIN 6 MONTHS OF DEATH)
OPERATIONS: **NO** FINDINGS
AUTOPSY: **NO** FINDINGS
PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

12. IF VETERAN SOCIAL SECURITY NUMBER _____
13. NAME OF WAR _____
14. USUAL OCCUPATION **Housework**
15. INDUSTRY OR BUSINESS _____

18. FULL NAME **Willie Davis**
19. BIRTHPLACE: CITY OR COUNTY **unknown** STATE OF **unknown**
20. MAIDEN NAME **unknown**
21. BIRTHPLACE: CITY OR COUNTY **unknown** STATE OF **unknown**

22. "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? _____

17. INFORMANT **Ned Choate** RECEIVED **WAR 10**
ADDRESS **Coakville**
18. BURIAL, REMOVED OR CREMATION **buried** DATE **2-28-43**
CEMETERY **Choate** PLACE **Coakville**

19. UNDERTAKER **Jack Cooper / Frank Horn**
ADDRESS **Coakville / Jack Cooper**
DATE FILED **Feb 27, 1943** OFFICE **One Cooper**

WHILE AT WORK MEANS OF INJURY _____
SIGNATURE **L. Shipley** M.D.
ADDRESS **Coakville** DATE SIGNED **2-25-43**