

CERTIFICATE OF DEATH

7234
DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

1948
DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

REG. NO.	10
REG. DIST. NO.	721

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY
USE INK

7234 Boad Chote
1. FULL NAME FIRST MIDDLE LAST 2. DATE OF DEATH Jan 18 1948
MONTH DAY YEAR

3. PLACE OF DEATH
A1 COUNTY Putnam CIVIL DISTRICT 1
B1 CITY OR TOWN Cookeville, Tenn.
C1 STREET NO. _____
D1 NAME OF HOSPITAL _____
E1 LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____

4. LEGAL RESIDENCE AS STATE Tenn.
B1 COUNTY Putnam CIVIL DISTRICT 1
C1 CITY OR TOWN Cookeville, Tenn.
D1 STREET NO. _____
E1 CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)
F1 IF YES, NAME COUNTRY _____

6. RACE OR COLOR W. 8. SEX male 7. SINGLE, MARRIED, WIDOWED, DIVORCED Widow
9. AGE 79 YEARS 11 MONTHS 21 DAYS IF LESS THAN ONE DAY
DAYS MONTHS YEARS

10. PLACE OF BIRTH: CITY Putnam STATE OR COUNTY Tenn.
11. HUSBAND OR WIFE OF Mrs. Edw. Chote
AGE OF HUSBAND OR WIFE, IF LIVING Dead YEARS
12. IF VETERAN NAME OF WAR no SOCIAL SECURITY NUMBER none

13. USUAL OCCUPATION City Policeman

14. INDUSTRY OR BUSINESS carpenter
18. FULL NAME Robert Brown
19. BIRTHPLACE CITY D.K. STATE OR COUNTY D.K.
20. MAIDEN NAME Lucas Holman
BIRTHPLACE CITY Putnam STATE OR COUNTY Tenn.

17. INFORMANT Mrs. B. H. Robinson
ADDRESS Cookeville, Tenn.

18. BURIAL, REMOVAL OR CREMATION Buried DATE 19
CEMETERY Putnam PLACE Putnam

19. UNDERTAKER Putnam
ADDRESS Cookeville 10-By Putnam

DATE FILED Feb 4 1948 Caro Cooper REGISTRAR
SIGNATURE Putnam M.D.
ADDRESS Cookeville DATE SIGNED 1-22-48

MEDICAL CERTIFICATION
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-10 TO 1-10
AND THAT I LAST SAW HIM/LIVE ON 1-10
AND THAT DEATH OCCURRED ON THE DATE STATED AT 3 P.M.
IMMEDIATE CAUSE OF DEATH:
General Arteriosclerosis
sin
Angina Pectoris
DUE TO: 94D
97

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY	DURATION

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION. NO 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.

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

ALL CERTIFIED COPIES ARE MADE BY PHOTODUPLICATION.