

7236
7236

CERTIFICATE OF DEATH

4320

Dept. of PUBLIC HEALTH STATE OF TENNESSEE Div. of VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 9
REG. DIST. NO. 721

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY
USE INK

1. FULL NAME Dr. ~~Shelah~~ Shelah Dillard Davis 2. DATE OF DEATH Feb 7 - 1940
FIRST MIDDLE LAST MONTH DAY YEAR

3. PLACE OF DEATH: A) COUNTY Putnam CIVIL DISTRICT # 1 4. LEGAL RESIDENCE: A) STATE Tenn.
B) COUNTY Putnam CIVIL DISTRICT # 1

C) CITY OR TOWN Cookeville, Tenn. D) CITY OR TOWN Cookeville, Tenn.
(IF OUTSIDE CITY LIMITS, WRITE RURAL) (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)

E) STREET NO. 115 S. Walnut F) IF FOREIGN BORN HOW LONG IN U.S.A. YRS.

C) NAME OF HOSPITAL (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS) D) LENGTH OF STAY: IN HOSPITAL IN COMMUNITY

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

8. AGE 62 YEARS MONTHS 9 DAYS 0 IF LESS THAN ONE DAY HRS. MIN.

9. DATE OF BIRTH: MONTH Apr. DAY 7 YEAR 1877

10. PLACE OF BIRTH: CITY OR COUNTY Putnam County, Tenn.

11. HUSBAND OR WIFE OF Bunle Haynes Davis AGE OF HUSBAND OR WIFE, IF LIVING 58 YEARS

12. IF VETERAN: NAME OF WAR SOCIAL SECURITY NUMBER

13. USUAL OCCUPATION Physician

14. INDUSTRY OR BUSINESS

15. FULL NAME William C. Davis CITY OR STATE OF BIRTHPLACE VA.

16. MAIDEN NAME Caroline Stover CITY OR STATE OF BIRTHPLACE Tenn.

17. INFORMANT Mrs. Eunie H. Davis ADDRESS Cookeville, Tenn.

18. BURIAL, REMOVAL OR CREMATION burial DATE Feb. 9 1940 CEMETERY City PLACE Cookeville, Tenn.

19. UNDERTAKER Pendergrass F. Home ADDRESS Cookeville, Tenn. G. D.

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 6:45 PM IMMEDIATE CAUSE OF DEATH: acute heart failure

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH): Valvular Heart Disease

OPERATIONS 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

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

WHILE AT WORK MEANS OF INJURY SIGNATURE W. H. Howard

DATE FILED Mar 8 1940 REGISTERED ADDRESS Cookeville, Tenn. DATE SIGNED 9/29/40

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.

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 PHOTOSTAT.