

CERTIFICATE OF DEATH

16433

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE
9407 COOPERATING WITH DEPT. OF COMMERCE

DIV. OF VITAL STATISTICS
BUREAU OF THE CENSUS 49407

REG. NO.	95
REG. DIST. NO.	941

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

THE UNDERTAKER OR PERSON ACTING AS SUCH IS RESPONSIBLE FOR FILING THIS 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 PHYSICIAN IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUIRY WAS MADE).

ALL CERTIFIED COPIES ARE MADE INDICATED.

1. FULL NAME: 9407 Fannie Elizabeth Dearing 2. DATE OF DEATH: May 17 1947

3. PLACE OF DEATH:
 A) COUNTY: White CIVIL DISTRICT: 7
 B) CITY OR TOWN: Cookville R-5
 C) NAME OF HOSPITAL: _____
 D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____

4. USUAL RESIDENCE: _____ A) STATE: Tenn
 B) COUNTY: White CIVIL DISTRICT: 7
 C) CITY OR TOWN: Cookville R-5
 D) STREET NO.: _____
 E) CITIZEN OF FOREIGN COUNTRY: _____ YES OR NO
 IF YES, NAME COUNTRY: _____

5. RACE OR COLOR: W SEX: F 7. SINGLE/MARRIED: WIDOWED
 6. AGE: 68 YEARS MONTHS: 3 DAYS: 1 IF LESS THAN ONE DAY: _____
 8. DATE OF BIRTH: MONTH Feb DAY 16 YEAR 1879

MEDICAL CERTIFICATION
 I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 3 1947 TO May 16 1947
 AND THAT I LAST SAW HIM ALIVE ON May 16 1947
 AND THAT DEATH OCCURRED ON THE DATE STATED AT _____
 IMMEDIATE CAUSE OF DEATH: Chronic Myocarditis

9. PLACE OF BIRTH: CITY OR COUNTY: Russell STATE OF: Tenn
 11. HUSBAND OR WIFE OF: Columbus Dearing
 AGE OF HUSBAND OR WIFE, IF LIVING: 73 YEARS

DURATION: <u>93 D</u>

12. IF VETERAN: _____ SOCIAL SECURITY NUMBER: _____
 13. USUAL OCCUPATION: Retired Newspaper
 14. INDUSTRY OR BUSINESS: _____

OTHER CONDITIONS: _____
 (INCLUDE PREPARY WITHIN 3 MONTHS OF DEATH)
 OPERATIONS: _____ FINDINGS: _____
 AUTOPSY: _____ FINDINGS: _____

15. FATHER: FULL NAME: Tom Williams CITY OR COUNTY: Unknown STATE OR COUNTY: Tenn
 16. MOTHER: MAIDEN NAME: Julia Ann Williams BIRTHPLACE: Unknown STATE OR COUNTY: Tenn

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: _____

17. INFORMANT: Columbus Dearing
 ADDRESS: Cookville R-5
 18. BURIAL REMOVAL OR CREMATION: Funeral DATE: May 18 1947
 CEMETERY: Wagon PLACE: White Co

22. SIGNATURE: [Signature]
 ADDRESS: Patte, Tenn DATE SIGNED: 7-28-47

19. UNDERTAKER: Ed Funeral Home
 ADDRESS: Marshall BY: Paul White
 DATE FILED: Aug 2 1947 REGISTRAR: [Signature]