CERTIFICATE OF DEATH 19117

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

COOPERATING WITH DEPT. OF COMMERCE — BUREAU OF THE CENSUS

REG. NO. 67 — REG. DIST. NO. 441

4410 — 44410

4410

1. FULL NAME: Jesse (FIRST) Shaw (MIDDLE) Harris (LAST)

2. DATE OF DEATH: July (MONTH) 18 (DAY) 1946 (YEAR)

3. PLACE OF DEATH:
A) COUNTY: Jackson — CIVIL DISTRICT: 10th
B) CITY OR TOWN: Cookeville, Tennessee Rte #3 (IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: IN HOSPITAL — IN COMMUNITY

4. USUAL RESIDENCE:
A) STATE: Tennessee
B) COUNTY: Jackson — CIVIL DISTRICT: 10th
C) CITY OR TOWN: Cookeville, Tennessee Rte 3 (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO.
E) CITIZEN OF FOREIGN COUNTRY: no (YES OR NO)
IF YES, NAME COUNTRY

5. RACE OR COLOR: W
6. SEX: M
7. SINGLE, MARRIED, WIDOWED, DIVORCED: married
8. AGE: 78 YEARS, 9 MONTHS, 17 DAYS — IF LESS THAN ONE DAY: HRS. MINS.
9. DATE OF BIRTH: MONTH Oct. DAY 1 YEAR 1867
10. PLACE OF BIRTH: CITY OR COUNTY Jackson Co. STATE OR COUNTRY Tennessee
11. HUSBAND: Sarah Elizabeth Gypsen Harris
AGE OF HUSBAND OR WIFE, IF LIVING 76 YEARS
12. IF VETERAN NAME OF WAR: None — SOCIAL SECURITY NUMBER: None
13. USUAL OCCUPATION: Farmer
14. INDUSTRY OR BUSINESS: None

FATHER
15. FULL NAME: unknown
BIRTHPLACE: CITY OR COUNTY unknown — STATE OR COUNTRY unknown

MOTHER
16. MAIDEN NAME: Jane Harris
BIRTHPLACE: CITY OR COUNTY Jackson Co. — STATE OR COUNTRY Tennessee

17. INFORMANT: Cora Moore
ADDRESS: Cookeville, Tenn. Rte. #3

18. BURIAL, REMOVAL OR CREMATION: Burial — DATE July 19 1946
CEMETERY: Byers Bay — PLACE: Jackson Co. Tenn.

19. UNDERTAKER: Whitson Funeral Home
ADDRESS: Cookeville, Tenn. — BY: E. [illegible]

DATE FILED: Sept. 28, 1946 — Christine [illegible] REGISTRAR

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1946 TO 1946
AND THAT I LAST SAW HIM ALIVE ON 1946
AND THAT DEATH OCCURRED ON THE DATE STATED AT 9 A.M.

IMMEDIATE CAUSE OF DEATH:	DURATION
Dry Gangrene of	92 B
Left foot & leg	2 wks
	8 D
DUE TO: Hemiplegia	1 year
OTHER CONDITIONS: Mitral Heart (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)	
OPERATION? no FINDINGS	
AUTOPSY? no FINDINGS	

PHYSICIAN: UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

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?
WHILE AT WORK — MEANS OF INJURY

SIGNATURE: L. R. Anderson M.D.
ADDRESS: Gainesboro, Tenn. — DATE SIGNED: [illegible]

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

ALL ITEMS 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 FROM A PHOTOSTAT.

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