

Registration District No. 653

Primary Registration District No. 5871

Registrar's No. 103

1. PLACE OF DEATH:  
(a) County Braggadocia Township  
(b) City or town Deering  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Jim Wilson  
3. (b) If veteran ✓ 3. (c) Social Security No. \_\_\_\_\_  
name was \_\_\_\_\_

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 22, 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>1</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Tennessee \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Steve Wilson

13. Birthplace Tenn \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Miss Bally Turkey

15. Birthplace Tenn. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Beulah Beal

(b) Address Rodgers, Tenn.

17. (a) Buried (b) Date thereof 11-21-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coleman Cemetery

18. (a) Signature of funeral director J. W. ...

(b) Address Deering, Tenn. 37416

19. (a) 11-25-1939 (b) Pearl Kelly  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town Deering  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20  
year 1939 hour \_\_\_\_\_ minute 5:15 A.M.

21. I hereby certify that I attended the deceased from Nov. 17, 1939 to Nov. 20, 1939  
that I last saw her alive on Nov. 20, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Double Pneumonia Duration 5 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Asier J. Sheer (M. D. or other) \_\_\_\_\_

Address Deering, Tenn. Date signed Nov 27

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 3,

District File Number 1239-73

Date filed 12/14/39

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision:

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**