FILED JAN 25 1945

43405

CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH — STATE OF TENNESSEE — DIV. OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE — BUREAU OF THE CENSUS

REG. NO. 115
REG. DIST. NO. 651

651 — 5862

1. FULL NAME Mandy (FIRST) — Moore (MIDDLE) — (LAST) 2. DATE OF DEATH Dec (MONTH) 6 (DAY) 1940 (YEAR)

3. PLACE OF DEATH:
A) COUNTY Bremiscot — CIVIL DISTRICT 5862
B) ~~CITY OR TOWN~~ Rural (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. LEGAL RESIDENCE:
A) STATE Tenn.
B) COUNTY Bremiscot — CIVIL DISTRICT 5862
C) CITY OR TOWN R. F. D. 1 (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. Rural
E) IF FOREIGN BORN HOW LONG IN U.S.A. — YRS.

5. RACE OR COLOR Col. 6. SEX Female 7. SINGLE, MARRIED, WIDOWED, DIVORCED Widowed

8. AGE 69 YEARS — MONTHS — DAYS — IF LESS THAN ONE DAY HRS. — MINS.

9. DATE OF BIRTH: MONTH Unknown DAY Unknown YEAR 1871

10. PLACE OF BIRTH: CITY OR COUNTY Tyler STATE OR COUNTRY Tenn.

11. HUSBAND OR WIFE OF Calvin Moore
AGE OF HUSBAND OR WIFE, IF LIVING — YEARS

12. IF VETERAN NAME OF WAR None — SOCIAL SECURITY NUMBER None

13. USUAL OCCUPATION House Work

14. INDUSTRY OR BUSINESS

FATHER
15. FULL NAME Jim Dyson
BIRTHPLACE CITY OR COUNTY — STATE OR COUNTRY Tenn.

MOTHER
16. MAIDEN NAME Martha Flowers
BIRTHPLACE CITY OR COUNTY Tyler STATE OR COUNTRY Tenn.

17. INFORMANT Louise Gordey
ADDRESS R. F. D. 1 Martinsville

18. BURIAL, REMOVAL OR CREMATION — DATE 12-8 1940
CEMETERY Lowndes PLACE Covington Tenn.

19. UNDERTAKER V. B. Barlow F.D.
ADDRESS Covington BY V. B. Barlow

DATE FILED Dec. 7 1940 Ada Martin REGISTRAR

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 1940 TO Dec. 6 1940
AND THAT I LAST SAW HER ALIVE ON May 1940
AND THAT DEATH OCCURRED ON THE DATE STATED AT 9 P.M.

IMMEDIATE CAUSE OF DEATH: — DURATION

Hypertension — 15 yrs

DUE TO: Senility

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

OPERATION? FINDINGS

AUTOPSY? 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 [illegible] M.D.
ADDRESS Centerville Tenn. DATE SIGNED 12-7-40

1-41-21

CERTIFIED COPY ISSUED DATE _____ NUMBER _____

REGULATIONS FOR FILING DEATH CERTIFICATES (SEC. 5862, CODE OF 1932)

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR OBTAINING AND FILING THE COMPLETED DEATH CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE UNDERTAKER PREPARES THE PERSONAL AND STATISTICAL PARTICULARS OF THE CERTIFICATE. THE SIGNATURE OF THE INFORMANT IS REQUIRED.

THE SIGNATURE AND ADDRESS OF THE UNDERTAKER IS REQUIRED.

THE MEDICAL PORTION OF THE CERTIFICATE IS TO BE PREPARED AND SIGNED BY THE PHYSICIAN LAST IN ATTENDANCE. THE PHYSICIAN CANNOT AUTHORIZE OTHER PERSONS TO SIGN FOR HIM.

WHERE DEATH OCCURS WITHOUT MEDICAL ATTENDANCE, THE MEDICAL PORTION OF THE CERTIFICATE IS TO BE SIGNED BY THE HEALTH OFFICER OF THE COUNTY WHERE DEATH OCCURRED.

CAUSE OF DEATH IS TO BE STATED, AND THE CERTIFICATE SIGNED BY THE CORONER WHERE INQUESTS ARE HELD.

ALL ITEMS SHOULD BE COMPLETE. INSERT "UNKNOWN" WHERE DEFINITE INFORMATION CANNOT BE OBTAINED.

ADDITIONAL INFORMATION BY PHYSICIAN.