

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH **18844**

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
0748 COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

REG. NO. 263
REG. DIST. NO. 20701

1. FULL NAME Isaac Wyatt Marlowe 2. DATE OF DEATH Sept 3, 1948
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH: 4. USUAL RESIDENCE
A) COUNTY Campbell CIVIL DISTRICT 1st A) STATE Tenn
B) COUNTY Campbell Co CIVIL DISTRICT 1st
C) CITY OR TOWN Paducah, Tenn (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. _____
E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)
IF YES, NAME COUNTRY _____

5. NAME OF HOSPITAL _____
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
6. LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____
7. SEX male 7. SINGLE, MARRIED, WIDOWED, DIVORCED _____
8. AGE _____ IF LESS THAN ONE DAY
YEARS MONTHS DAYS HRS. MINS.
9. DATE OF BIRTH: MONTH Nov DAY 7 YEAR 1859
10. PLACE OF BIRTH: CITY OR COUNTY Paducah STATE OR COUNTRY Tenn

11. HUSBAND OR WIFE OF Mrs Isaac Marlowe
AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS
IF VETERAN _____ SOCIAL SECURITY NUMBER _____
NAME OF WAR _____
12. USUAL OCCUPATION Retired Contractor
13. INDUSTRY OR BUSINESS 15649

14. FULL NAME Thomas Marlowe
BIRTHPLACE unknown CITY OR COUNTY Tenn STATE OR COUNTRY Tenn
15. MAIDEN NAME Phoenia Harmon
BIRTHPLACE unknown CITY OR COUNTY Tenn STATE OR COUNTRY Tenn

16. INFORMANT Mrs Myrtle Reavis
ADDRESS Rayton, Ohio
17. BURIAL, REMOVAL OR CREMATION Funeral Home DATE 9-6-48
PLACE Paducah
18. UNDERTAKER Minton Sharp Funeral Home
ADDRESS Paducah BY _____
DATE FILED Sept 21 1948 Elvis P. Jones RECORDED

MEDICAL CERTIFICATION
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 5 1944 TO Sept 3 1948
AND THAT I LAST SAW HIM ALIVE ON Aug 16 1948
AND THAT DEATH OCCURRED ON THE DATE STATED AT 9 A M.
IMMEDIATE CAUSE OF DEATH:
Coronary Thrombosis DURATION 12 hr
Hypertension 10 yr
DUE TO: 94A
102
OTHER CONDITIONS _____ (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)
OPERATION? _____ 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 _____ CITY COUNTY STATE
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLANT, IN PUBLIC PLACE? _____
WHILE AT WORK _____ MEANS OF INJURY _____
SIGNATURE L. J. Chambers M.D.
ADDRESS Paducah DATE SIGNED Sept 18

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

JAN 22 1997
Date Issued

CERTIFICATION OF VITAL RECORD

