

CERTIFICATE OF DEATH

2339

DEPT. OF PUBLIC HEALTH - STATE OF TENNESSEE
 COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 19
 VOL. DIST. 92

ALL LEGAL DEATHS MUST BE IDENTIFIED BY THE EMPLOYER USE INK

1. FULL NAME 0706 Powell Wadlow
 FIRST MIDDLE LAST
 2. DATE OF DEATH July 12 1944
 MONTH DAY YEAR

THESE MUST BE FILL IN ALL AC- TUALS. NO ALTER- ATIONS CAN BE MADE BY DATA AFTER THIS DATE. THE INVESTIGATOR IS TO CORRECT THE DEATH RECORDS BY AP- PLYING ONLY.

3. PLACE OF DEATH: CIVIL DISTRICT 6
 A) COUNTY Campbell
 B) CITY OR TOWN Danville Tenn / Rural
 C) NAME OF HOSPITAL: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
 D) LENGTH OF STAY: IN HOSPITAL IN COMMUNITY 44
 E) RACE OR W W & SEX M 7. SINGLE, MARRIED, WIDOWED, DIVORCED, W
 8. AGE 76 YEARS MONTHS 7 DAYS 4 IF LESS THAN ONE DAY
 9. DATE OF BIRTH: MONTH July DAY 8 YEAR 1867
 10. PLACE OF BIRTH: COUNTY Campbell STATE OR TERRITORY Tenn.
 11. HUSBAND OR WIFE: NAME Martha
 AGE OF HUSBAND OR WIFE, IF LIVING 59 YEARS
 12. IF VETERAN: NAME OF WAR SOCIAL SECURITY NUMBER

UNDERSTANDERS, OR ON ACTING AS SUCH, TO BE RESPONSIBLE FOR FILING THE CERTIFICATE WITH THE REG- ISTRAR WHERE DEATH OCCURRED.

13. USUAL OCCUPATION farmer
 14. INDUSTRY OR BUSINESS
 15. FULL NAME Ruben Markel
 BIRTHPLACE Campbell STATE OR TERRITORY Tenn.
 16. MAIDEN NAME Joan M. Blue
 BIRTHPLACE Winknew STATE OR TERRITORY Tenn.
 17. INFORMANT W. B. Jactott
 ADDRESS R 30th 1 Campbell, Tenn.
 18. BURIAL, REMOVAL OR CREMATION: DATE 2/13 PLACE Buchanan
 CEMETERY Shel PLACE Buchanan
 19. UNDERTAKER David Samuel Jern
 ADDRESS Danville Tenn

PHYSICIAN LAST ATTENDANCE IS TO BE MADE TO STATE OF DEATH SIGN THE MED- ICAL CERTIFICATE.

4. LEGAL RESIDENCE: A) STATE Tenn
 B) COUNTY Campbell
 C) CITY OR TOWN Campbell Tenn
 D) STREET NO. 220
 E) IF YES, NAME COUNTRY: (YES OR NO)
 MEDICAL CERTIFICATION
 20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 8 1944 TO July 10 1944 AND THAT I LAST SAW HIM ALIVE ON July 10 1944 AND THAT DEATH OCCURRED ON THE DATE STATED AT 8 A. M. IMMEDIATE CAUSE OF DEATH: Myocardial infarction DURATION: 5 yrs
 DUE TO: 42B
 OTHER CONDITIONS: (INCLUDE PREGNANCY WITHIN 9 MONTHS OF DEATH)
 OPERATIONS: 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 PLACE, IN PUBLIC PLACE _____ WHILE AT WORK _____ MEANS OF INJURY _____ SIGNATURE OF PHYSICIAN W. B. Jactott M.D. ADDRESS W. B. Jactott DATE SIGNED July 12 1944

HERE WAS NO ONE IN ATTEN- DANCE TO BE LETTED BY LO- CAL HEALTH OFFICER CONCERNING THE DEATH.

PHYSICIAN LAST ATTENDANCE IS TO BE MADE TO STATE OF DEATH SIGN THE MED- ICAL CERTIFICATE.

CERTIFIED AS BEING MADE BY A PHOTOGRAPHER.

DATE FILED July 29 1944
 3-6-44

FORM 504