

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. 404
REG. DIST. NO.

9524

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 WITH A PHOTOSTAT.

1. FULL NAME MARY FRANCES GOFORTH 2. DATE OF DEATH JUNE 16, 1944
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
A) COUNTY Shelby CIVIL DISTRICT _____
B) CITY OR TOWN Eads (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 Life

4. LEGAL RESIDENCE: A) STATE Tenn.
B) COUNTY Shelby CIVIL DISTRICT _____
C) CITY OR TOWN Eads, (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. _____
E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)
IF YES, NAME COUNTRY 34-2

5. RACE OR COLOR W 6. SEX F 7. SINGLE, MARRIED, WIDOWED, DIVORCED Widowed
8. AGE 74 YEARS MONTHS 1 DAYS 29 IF LESS THAN ONE DAY HRS. MINS.

MEDICAL CERTIFICATION
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____
AND THAT I LAST SAW H _____ ALIVE ON _____ 19____
AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.
IMMEDIATE CAUSE OF DEATH: _____

9. DATE OF BIRTH: MONTH Aug. DAY 15 YEAR 1869
10. PLACE OF BIRTH: CITY OR COUNTY Shelby STATE OR COUNTRY Tenn.

DURATION
An apparent heart attack.

11. HUSBAND OR WIFE OF John Goforth
AGE OF HUSBAND OR WIFE, IF LIVING Deceased YEARS

DUE TO: _____

12. IF VETERAN SOCIAL SECURITY NUMBER
NAME OF WAR _____

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

13. USUAL OCCUPATION Housework

OPERATION? _____ FINDINGS _____

14. INDUSTRY OR BUSINESS

AUTOPSY? 3 FINDINGS _____

15. FULL NAME Unknown

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

MOTHER BIRTHPLACE CITY OR COUNTY " STATE OR COUNTRY 4

16. MAIDEN NAME " " STATE OR COUNTRY 4

BIRTHPLACE CITY OR COUNTY " STATE OR COUNTRY 4

17. INFORMANT Robert J. Goforth

ADDRESS Eads, Tenn.

18. BURIAL, REMOVAL OR CREMATION _____ DATE June 17, 1944

CEMETERY Eads PLACE Eads, Tenn.

19. UNDERTAKER Gilliam F. Jones

ADDRESS Stanton, Tenn. BY Fred T. Jones

DATE FILED 7-7- 19 44

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 C.W. Miller, Cor. M.D.

ADDRESS _____ DATE SIGNED _____