SEE REGULATIONS ON THE BACK

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. USE BLACK INK. THIS IS A PERMANENT RECORD. ALL ITEMS SHOULD BE COMPLETE AND ACCURATE. GIVE FULL NAME OF DECEASED CORRECTLY SPELLED. AGE AND BIRTHDATE OF DECEASED MUST BE ACCURATE.

CERTIFICATE OF DEATH
STATE OF TENNESSEE
DEPT. OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NUMBER: 3595

REG. No. 3386
REG. DIST. No.
PRIM. REG. DIST. No.
To be inserted by Registrar

If war veteran, give war and military organization. 42-801

1. PLACE OF DEATH

COUNTY OF
CIVIL DISTRICT
CITY (OR TOWN)
ADDRESS OF PLACE OF DEATH: 1 Baptist Hospital 23-002
(If death occurred in a hospital or institution, give NAME, not street and number)

Length of residence in city or town where death occurred 20 yrs. mos. days

2. FULL NAME: GEORGIE MYRTLE WATSON

(A) RESIDENCE: 797 Court
(Usual place of abode—If non-resident of place of death, give town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female 2
4. RACE OR COLOR: White 1
5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (write the word): Widowed 3

5A. HUSBAND OR WIFE OF

6. DATE OF BIRTH month April day 19 year 1892

7. AGE yrs. 49 mos. 4 days 10 hrs. mins.
IF LESS THAN ONE DAY

OCCUPATION
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife 02
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. 14
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year)
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Arkansas 204

FATHER
13. NAME: J.H. Pinkston
14. BIRTHPLACE (city or town) (State or country): Tenn 42

MOTHER
15. MAIDEN NAME: Vannie Venton
16. BIRTHPLACE (city or town) (State or country): Tenn 42

17. INFORMANT: H.L. Pinkston
(ADDRESS) 2005 Courtland (Signature)

18. BURIAL, CREMATION OR REMOVAL
CEMETERY Alamo 3 DATE 8-31-41 PLACE Alamo, Tenn

19. UNDERTAKER: Cosmopolitan Funeral Home (Firm Name)
ADDRESS BY J.G. Powell

20. FILED 11-3-41 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 29, 1941 19 (month day year)

22. I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM 8-29-41 19 TO 19
I LAST SAW HER ALIVE ON 8-29-41 19 DEATH IS SAID TO HAVE OCCURRED ON DATE STATED ABOVE, AT 12:50 A M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES IN ORDER OF ONSET WERE:

	DATE OF ONSET
Coronary thrombosis	
CONTRIBUTORY CAUSES OF IMPORTANCE	

NAME OF OPERATION DATE
WHAT LAB. TEST CONFIRMED DIAGNOSIS? AUTOPSY? 2 no

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) GIVE FOLLOWING DATA:
ACCIDENT, SUICIDE OR HOMICIDE? DATE OF INJURY
WHERE DID INJURY OCCUR? (Specify city or town, county and State)
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE
MANNER OF INJURY
NATURE OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION?
IF SO, SPECIFY
(SIGNED) M.L. Evans 1 M. D.
(ADDRESS) 2151 Young
10-27-41

Form No. 104