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03643

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
 STATE OF TENNESSEE
 COINCIDENT WITH NATIONAL CERTIFICATE OF VITAL STATISTICS DEATH NO. [REDACTED]

1 NAME: **HARVEY ANDERS** 2 DATE OF DEATH: **SEPT 18, 1955**

3 SEX: **M** 4 RACE: **M** 5 DATE OF BIRTH: **12-6-06** 6 AGE: **48**
 7 PLACE OF BIRTH: **Shelby Memphis** 8 USUAL RESIDENCE OF DECEASED: **Capleville, Tenn.**

9 OCCUPATION: **Salesman** 10 RELIGION: **Methodist**
 11 PLACE OF DEATH: **Methodist Hospital, Memphis, Tenn.** 12 CAUSE OF DEATH: **Branchitis and emphysema**

13 MEDICAL CERTIFICATION: **2 days**
 14 SIGNATURE: **J.D. Anders** 15 NAME: **Malissa Whittington**
 16 SIGNATURE: **W.A. Anders** 17 NAME: **W.A. Anders**

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER

PHYSICIAN MUST ATTENDANCE MUST BE AT HAND AND SIGN MEDICAL CERTIFICATION IF NO PHYSICIAN IN ATTENDANCE HEALTH OFFICER MUST SIGN IF INDUSTRY WAS HELD MUST COMPLETE AND SIGN MEDICAL CERTIFICATION POWER OF SIGNATURE CANNOT BE DELEGATED

CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR A.D.C. THIS DOES NOT MEAN MORE OF ONE OR MORE HEARD FAILURE AT THE TIME IT MEANS THE LESSE INJURY OR COMPLICATIONS WHICH CALLED DEATH

GENERAL INSTRUCTIONS FOR FILING IN LOCAL REGISTRY WITHIN 72 HOURS AFTER DEATH AND FOR TRANSPORTATION BY COMMON CARRIER TO LOCAL REGISTRY FROM STATE

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE

FORM 180

23a REGISTRATION, DIST. NO. 791	23b DATE OF BIRTH, LOCAL REGISTRY, Sept 19-55	23c NAME OF LOCAL REGISTRY, Bethlehem	23d COUNTY, Capleville, Tenn.
24 MUNICIPAL DIRECTOR, Dravilly J. How	ADDRESS, Alvie Branch, Miss	25 REGISTRATION, DIST. NO. 791	26 DATE SIGNED BY REGISTRAR, 20 1955

SIGNATURE: **Hugh Francis** M.D. CLERK
 SIGNATURE: **Methodist Hospital** Sept 18 1955
 SIGNATURE: **Luc Lachey** REGISTRAR