

CERTIFICATE OF DEATH

8927

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 40515
REG. DIST. NO. 51

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.

FORM 104

1. FULL NAME Mrs James F. Cooper 2. DATE OF DEATH 5/22 19 45
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
A) COUNTY Blount Co CIVIL DISTRICT 15th
B) CITY OR TOWN Townsend, Tenn
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL NO
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____

4. USUAL RESIDENCE: A) STATE Tenn
B) COUNTY Blount CIVIL DISTRICT 15th
C) CITY OR TOWN Townsend, Tenn
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO NO
E) CITIZEN OF FOREIGN COUNTRY NO (YES OR NO)
IF YES, NAME COUNTRY _____

5. RACE OR COLOR W 6. SEX F 7. SINGLE, MARRIED, WIDOWED, DIVORCED M
8. AGE 28 3 5 IF LESS THAN ONE DAY
YEARS MONTHS DAYS HRS. MINS.
9. DATE OF BIRTH: MONTH Feb. DAY 17th YEAR 1967
10. PLACE OF BIRTH: CITY OR COUNTY _____ STATE OR COUNTRY N. C.
11. HUSBAND OR WIFE OF James Cooper
AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

MEDICAL CERTIFICATION
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM mch. 15th 1940 TO May 22 - 1945
AND THAT I LAST SAW HER ALIVE ON May 20 1945
AND THAT DEATH OCCURRED ON THE DATE STATED AT 2 A. M.

IMMEDIATE CAUSE OF DEATH: Chronic Myocarditis DURATION 5 yrs
DUE TO: 93D

12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____
NAME OF WAR _____
13. USUAL OCCUPATION Housewife

OTHER CONDITIONS _____
(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)
OPERATION? FINDINGS _____
AUTOPSY? FINDINGS _____
PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

14. INDUSTRY OR BUSINESS _____
15. FATHER FULL NAME Isaac Lequire CITY OR COUNTY _____ STATE OR COUNTRY N. C.
16. MOTHER MAIDEN NAME Harriett Bowers CITY OR COUNTY _____ STATE OR COUNTRY N. C.

17. INFORMANT James Cooper
ADDRESS Townsend, Tenn

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? _____

18. BURIAL, REMOVAL OR CREMATION Burial DATE 5/23 19 45
CEMETERY Coker Hill Place Blount

WHILE AT WORK _____ MEANS OF INJURY _____
SIGNATURE Edward W. Griffin M.D.
ADDRESS Townsend DATE SIGNED 5/24/45

19. UNDERTAKER Miller
ADDRESS Marion Miller BY W. R. Miller
DATE FILED 5-29- 1945 Katherine L. Crawford REGISTRAR