

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY  
USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.

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

# CERTIFICATE OF DEATH

13725

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

REG. NO. 4-15-05  
REG. DIST. NO. 51

1. FULL NAME Richard Junior LeQuire 2. DATE OF DEATH May 6, 1942  
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:  
A) COUNTY Blount CIVIL DISTRICT 5  
B) CITY OR TOWN Louisville, R. F. D. # 1  
(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 4 hrs.

4. LEGAL RESIDENCE: A) STATE Tennessee  
B) COUNTY Blount CIVIL DISTRICT 5  
C) CITY OR TOWN Louisville  
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)  
D) STREET NO. R. F. D. # 1  
E) CITIZEN OF FOREIGN COUNTRY No (YES OR NO)  
IF YES, NAME COUNTRY \_\_\_\_\_

5. RACE OR COLOR W 6. SEX M 7. SINGLE, MARRIED, WIDOWED, DIVORCED S  
8. AGE YEARS MONTHS DAYS IF LESS THAN ONE DAY  
4 HRS. 15 MINS.

9. DATE OF BIRTH: MONTH May DAY 6 YEAR 1942  
10. PLACE OF BIRTH: CITY OR COUNTY Blount STATE OR COUNTRY Tennessee

11. HUSBAND OR WIFE OF \_\_\_\_\_  
AGE OF HUSBAND OR WIFE, IF LIVING \_\_\_\_\_ YEARS

12. IF VETERAN SOCIAL SECURITY NUMBER  
NAME OF WAR \_\_\_\_\_

13. USUAL OCCUPATION Infant

14. INDUSTRY OR BUSINESS \_\_\_\_\_

FATHER 15. FULL NAME Shirden Jones LeQuire  
BIRTHPLACE CITY OR COUNTY Sevier STATE OR COUNTRY Tennessee

MOTHER 16. MAIDEN NAME Irma Jane Cooper  
BIRTHPLACE CITY OR COUNTY Blount STATE OR COUNTRY Tennessee

17. INFORMANT Shirden Jones LeQuire  
ADDRESS RFD # 1, Louisville, Tenn.

18. BURIAL, REMOVAL OR CREMATION \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_  
CEMETERY \_\_\_\_\_ PLACE \_\_\_\_\_

19. UNDERTAKER Shirden J. LeQuire (RECEIVED)  
ADDRESS Louisville, Tenn.

DATE FILED 7-25 1942

MEDICAL CERTIFICATION  
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 6, 1942 TO May 6, 1942  
AND THAT I LAST SAW HIM ALIVE ON May 6, 1942  
AND THAT DEATH OCCURRED ON THE DATE STATED AT 4:00pm.

IMMEDIATE CAUSE OF DEATH:  
Probably cerebral hemorrhage  
DURATION 160A  
DUE TO: birth injury

OTHER CONDITIONS \_\_\_\_\_  
(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)  
OPERATION? No FINDINGS \_\_\_\_\_  
AUTOPSY? No FINDINGS \_\_\_\_\_  
PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

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 J. M. McPhee M.D.  
ADDRESS Maryville Tenn. DATE SIGNED 5/6/42