DEPARTMENT OF PUBLIC HEALTH

# CERTIFICATE OF DEATH

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DIVISION OF VITAL STATISTICS

BIRTH NO.

DEATH NO. 49-00058

1. NAME (First) Thomas (Middle) Fidel (Last) Lequire
2. DATE OF DEATH (Month) Jan. (Day) 17 (Year) 1949
3. COLOR OR RACE: W
4. SEX: M
5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6. DATE OF BIRTH (Month Day Year): Aug 16 1874
7. AGE (IN YEARS LAST BIRTHDAY): 74 — IF UNDER 1 YR. (MONTHS, DAYS) — IF UNDER 24 HRS. (HOURS, MINS.)
8. PLACE OF DEATH
   - A. COUNTY: Blount
   - B. CIVIL DISTRICT: 4
   - C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Rural
   - D. LENGTH OF STAY IN THIS PLACE: 10 Mo
   - E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location): ✓
9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
   - A. STATE: Tenn
   - B. COUNTY: Blount
   - C. CIVIL DISTRICT
   - D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Rural Friendsville
   - E. STREET ADDRESS (IF RURAL, GIVE LOCATION)

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. SOCIAL SECURITY NUMBER: –

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN: no — IF YES, GIVE WAR AND DATES OF SERVICE

13. BIRTHPLACE (State or Foreign Country): Tenn.

14. CITIZEN OF WHAT COUNTRY? A

15. FATHER'S NAME: Isaac Lequire

16. MOTHER'S MAIDEN NAME: Harritt Bowers

17. INFORMANT: Mr. Ira Russell — ADDRESS: Friendsville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* / ANTECEDENT CAUSES / MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

(A) The only time I saw this man was ~~possible~~ 30 days before death, so of course I cannot state what caused his death.

2. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

J. S. Tipton, M.D.

795.5

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION

20A. AUTOPSY YES ☐ NO ☐ — 20B. FINDINGS AT AUTOPSY

21A. ACCIDENT, SUICIDE, HOMICIDE (SPECIFY) — 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Build'g, etc.) — 21C. PLACE OF INJURY CITY, TOWN OR RURAL, COUNTY, STATE

RECEIVED FEB 9 1949 STATE HEALTH DEPT.

21D. TIME OF INJURY MONTH DAY YEAR HOUR — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE — SIGNATURE — M.D. ☐ OTHER (SPECIFY) — ADDRESS — DATE

23A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

23B. DATE OF BURIAL, CREMATION, OR REMOVAL: Jan. 19, 1949

23C. NAME OF Cemetery or Crematory: Union Chapel

23D. LOCATION CITY, TOWN OR COUNTY: Blount County — STATE: T.

24. FUNERAL DIRECTOR: Thomas-Talbott Co — ADDRESS: Lenoir City, Tenn.

25. REGISTRATION DIST. NO.: 40504

26. DATE SIGNED BY LOCAL REG.: 1-25-49

27. REGISTRAR'S SIGNATURE: W. N. Dawson, M.D. by Minnie T. Robinson, Dep. Reg.

Left margin (partially cut off): ...BECOMES A ...RECORD WHEN ...RLY EXECUTED ...ILL BE PLACED ...RMANENT FILE. ... PLAINLY WITH ...NENT INK OR ...ITER. ... E OF DEATH. ONLY ONE PER LINE FOR ... ITEMS ARE TO BE ...ETE AND AC...

Tennessee State Board of Health, death certificate no. 49-00058, Thomas Fidel Lequire (1949), Blount County; "Tennessee, Death Records, 1908-1958," digital images, _FamilySearch_ (https://familysearch.org : accessed 29 June 2014); _Tennessee, Death Records 1908-1958_, Tennessee State Library and Archives, Nashville.
Stable url: https://familysearch.org/pal:/MM9.3.1/TH-267-12877-130590-33?cc=1417505