

# CERTIFICATE OF DEATH 1931

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

REG. NO. 40505  
REG. DIST. NO. 51

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

USE 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 IN-QUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE WITH A PHOTOSTAT.

FORM 104

1. FULL NAME <u>Charles Marshall Watkins</u>		2. DATE OF DEATH <u>Feb. 13, 1945</u>	
<small>(FIRST MIDDLE LAST)</small>		<small>MONTH DAY YEAR</small>	
3. PLACE OF DEATH:			
A) COUNTY <u>Blount</u> CIVIL DISTRICT <u>5</u>		4. USUAL RESIDENCE: A) STATE <u>Tenn.</u>	
B) CITY OR TOWN <u>Rural</u> <small>(IF OUTSIDE CITY LIMITS, WRITE RURAL)</small>		B) COUNTY <u>Blount</u> CIVIL DISTRICT <u>5</u>	
C) NAME OF HOSPITAL _____ <small>(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)</small>		C) CITY OR TOWN <u>Friendsville R.F.D.# 1.</u> <small>(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)</small>	
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____		D) STREET NO. _____	
5. RACE OR COLOR <u>W</u>		E) CITIZEN OF FOREIGN COUNTRY <u>No</u> (YES OR NO) IF YES, NAME COUNTRY _____	
6. SEX <u>M</u>		7. SINGLE, (MARRIED, WIDOWED, DIVORCED)	
8. AGE <u>73</u> YEARS MONTHS <u>8</u> DAYS <u>9</u> HRS. _____ MINS. _____ <small>IF LESS THAN ONE DAY</small>		MEDICAL CERTIFICATION 20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan 20 1945</u> TO <u>Feb 13 1945</u> AND THAT I LAST SAW HIM ALIVE ON <u>Jan 20 1945</u> AND THAT DEATH OCCURRED ON THE DATE STATED AT <u>9:15 P.M.</u> IMMEDIATE CAUSE OF DEATH: <u>Cerebral Hemorrhage</u>	
9. DATE OF BIRTH: MONTH <u>June</u> DAY <u>4</u> YEAR <u>1871</u>			
10. PLACE OF BIRTH: CITY OR COUNTY <u>Blount</u> STATE OR COUNTRY <u>Tenn.</u>		DURATION <u>83A</u>	
11. HUSBAND OR WIFE OF <u>Maude Drake Watkins</u> AGE OF HUSBAND OR WIFE, IF LIVING <u>51</u> YEARS		PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY	
12. IF VETERAN NAME OF WAR _____ SOCIAL SECURITY NUMBER _____		DUE TO: _____	
13. USUAL OCCUPATION <u>Farmer</u>		OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____	
14. INDUSTRY OR BUSINESS _____		OPERATION? FINDINGS _____	
15. FULL NAME <u>Ben Watkins</u>		AUTOPSY? FINDINGS _____	
16. BIRTHPLACE CITY OR COUNTY <u>Blount</u> STATE OR COUNTRY <u>Tenn.</u>		21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:	
16. MAIDEN NAME <u>Mary Black</u>		A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____	
17. BIRTHPLACE CITY OR COUNTY <u>Blount</u> STATE OR COUNTRY <u>Tenn.</u>		B) DATE OF OCCURRENCE _____	
17. INFORMANT <u>Mrs. C. M. Watkins</u> ADDRESS <u>Friendsville, Tenn. R.#1.</u>		C) WHERE DID INJURY OCCUR _____ <small>CITY COUNTY STATE</small>	
18. BURIAL, REMOVAL OR CREMATION <u>Burial</u> DATE <u>Feb. 15, 1945</u> CEMETERY <u>Shady Grove</u> PLACE <u>Blount Co.</u>		D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____	
19. UNDERTAKER <u>McCannon &amp; Ammons</u> ADDRESS <u>Maryville</u> BY <u>C.H. White</u>		WHILE AT WORK _____ MEANS OF INJURY _____	
DATE FILED <u>3-7-1945</u> <u>Katherine L. Coe</u> REGISTRAR		SIGNATURE <u>J. S. Tipton</u> M.D. ADDRESS <u>Friendsville</u> DATE SIGNED <u>2/24/1945</u>	