

CERTIFICATE OF DEATH

16309

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

85-35- COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

REG. DIST. NO. 27521
851

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 INQUIRY WAS HELD.

ALL CERTIFIED COPIES ARE MADE WITH A PHOTOSTAT.

FORM 104

1. FULL NAME <i>Jimmie Wade</i>		2. DATE OF DEATH <i>June 27, 1947</i>	
3. PLACE OF DEATH		4. USUAL RESIDENCE	
A) COUNTY <i>Lipton</i>	CIVIL DISTRICT <i>1</i>	A) STATE <i>Tenn.</i>	CIVIL DISTRICT <i>1</i>
B) CITY OR TOWN <i>Covington</i>		C) CITY OR TOWN <i>Covington</i>	
D) NAME OF HOSPITAL		E) STREET NO. <i>111 Wayne</i>	
F) LENGTH OF STAY: IN HOSPITAL <i>25</i> IN COMMUNITY <i>25</i>		G) IF YES, NAME COUNTRY	
5. RACE OR COLOR <i>W</i>	6. SEX <i>M</i>	7. SINGLE/MARRIED <i>1</i> WIDOWED/DIVORCED	
8. AGE <i>36</i> YEARS MONTHS <i>6</i> DAYS <i>4</i>	IF LESS THAN ONE DAY		
9. DATE OF BIRTH: MONTH <i>Dec</i> DAY <i>25</i> YEAR <i>1912</i>		MEDICAL CERTIFICATION	
10. PLACE OF BIRTH: CITY OR COUNTY <i>Covington</i> STATE OR COUNTRY <i>Tenn.</i>		20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>19</i> TO <i>19</i> AND THAT I LAST SAW HIM ALIVE ON <i>19</i> M. AND THAT DEATH OCCURRED ON THE DATE STATED AT <i>19</i> M. IMMEDIATE CAUSE OF DEATH: <i>Shot</i>	
11. HUSBAND OR WIFE OF <i>Lucille Wade</i>		DURATION <i>166</i>	
AGE OF HUSBAND OR WIFE, IF LIVING <i>35</i> YEARS		DUE TO <i>Shot. Head when I saw him</i>	
12. IF VETERAN	SOCIAL SECURITY NUMBER		
13. USUAL OCCUPATION <i>Taxi 98897</i>		OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)	
14. INDUSTRY OR BUSINESS <i>Naval Rec.</i>		OPERATION? FINDINGS	
15. FULL NAME <i>Wilbur Wade</i>		AUTOPSY? FINDINGS	
BIRTHPLACE CITY OR COUNTY <i>Covington</i> STATE OR COUNTRY <i>Tenn.</i>		21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:	
16. MAIDEN NAME <i>Lou Williams</i>		A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY)	
BIRTHPLACE CITY OR COUNTY <i>Covington</i> STATE OR COUNTRY <i>Tenn.</i>		DATE OF OCCURRENCE	
17. INFORMANT <i>Charla Campbell</i>		C) WHERE DID INJURY OCCUR	
ADDRESS <i>612 E. Perry Detroit, Mich.</i>		D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?	
18. BURIAL, REMOVAL OR CREMATION <i>Buried</i> DATE <i>July 2, 1947</i>		WHILE AT WORK MEANS OF INJURY <i>1</i>	
CEMETERY <i>Trinity</i> PLACE <i>Covington</i>		SIGNATURE <i>J. H. Price</i>	
19. UNDERTAKER <i>Charles H. A.</i>		ADDRESS <i>222 Main St. Covington Tenn</i>	
ADDRESS <i>Covington</i> BY <i>J. H. Price</i>		DATE SIGNED <i>7-3-47</i>	
DATE FILED <i>7-19-47</i>		REGISTRAR	