

# CERTIFICATE OF DEATH

10999

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

23301

REG. NO.	1072
REG. DIST. NO.	231

1. FULL NAME Robert S. Higgins 2. DATE OF DEATH 5-25-41  
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:  
 A) COUNTY Hamilton CIVIL DISTRICT 1  
 B) CITY OR TOWN Chattanooga  
(IF OUTSIDE CITY LIMITS, GIVE RURAL)  
 C) NAME OF HOSPITAL Georgian  
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)  
 D) LENGTH OF STAY: IN HOSPITAL \_\_\_\_\_ IN COMMUNITY \_\_\_\_\_

4. LEGAL RESIDENCE:  
 A) STATE Tennessee  
 B) COUNTY Hamilton CIVIL DISTRICT 1  
 C) CITY OR TOWN Chattanooga  
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)  
 D) STREET NO. 2506 McCallie  
 E) IF FOREIGN BORN HOW LONG IN U.S.A. \_\_\_\_\_ YRS.

5. RACE OR COLOR W 6. SEX M 7. SINGLE, MARRIED, Married  
WIDOWED, DIVORCED  
 8. AGE 24 YEARS MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ HRS. \_\_\_\_\_ MINS. \_\_\_\_\_  
IF LESS THAN ONE DAY  
 9. DATE OF BIRTH: MONTH Sept DAY 23 YEAR 1886  
 10. PLACE OF BIRTH: CITY OR COUNTY Fayetteville STATE OR COUNTRY Tennessee  
 11. HUSBAND OR WIFE OF Mayme Shelley  
 AGE OF HUSBAND OR WIFE, IF LIVING \_\_\_\_\_ YEARS

**MEDICAL CERTIFICATION**

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-25 1941 TO 5-25 1941  
 AND THAT I LAST SAW HIM on 5-25-41 AND THAT DEATH OCCURRED ON THE DATE STATED AT \_\_\_\_\_ M.

IMMEDIATE CAUSE OF DEATH: Undetermined DURATION \_\_\_\_\_  
 DUE TO: \_\_\_\_\_ 2.000

12. IF VETERAN \_\_\_\_\_ SOCIAL SECURITY NUMBER 413-03-6844  
 NAME OF WAR \_\_\_\_\_  
 13. USUAL OCCUPATION Station Buyer

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 Penhalm & Starr  
 15. FULL NAME R. J. Higgins CITY OR STATE OR COUNTRY Tennessee  
 BIRTHPLACE \_\_\_\_\_  
 16. MAIDEN NAME Addie Woodward CITY OR STATE OR COUNTRY Tennessee  
 BIRTHPLACE \_\_\_\_\_

17. INFORMANT Miss Bobbie Higgins  
 ADDRESS 2506 McCallie

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 5-26-41  
 CEMETERY Greenwood PLACE Chattanooga

19. UNDERTAKER R. J. Carter & Co  
 ADDRESS Chattanooga BY J. Harris

WHILE AT WORK \_\_\_\_\_ MEANS OF INJURY \_\_\_\_\_  
 SIGNATURE W. S. Gannaway M.D.  
 ADDRESS Baroness Blanche DATE SIGNED \_\_\_\_\_  
Wood. Chattanooga, Tenn.

DATE FILED 5-25-41 Clara J. Riddle REGISTRAR