

1. PLACE OF DEATH

0634

STATE OF TENNESSEE

STATE DEPARTMENT OF HEALTH

11568

Division of Vital Statistics

CERTIFICATE OF DEATH

File No.

Reg. No. 1-19

fill out blank below

(Give War and Military Organization)

(If nonresident give city or town and State)

County BradleyCivil Dis H.H.

Village

City ClevelandRegistration District No. 61Primary Registration District No. 20604

(No. St.; Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

2. FULL NAME Frank Edward Thrasher(a) Residence: No. Oral St., 1st Ward.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Phillips6. DATE OF BIRTH (month, day, and year) Aug-9-18897. AGE Years Months Days If LESS than 1 day, hrs. or min. 48 10 38. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Walthamville Ga.

(State or country)

How long in U. S. if of foreign birth

13. NAME Grace W. Thrasher14. BIRTHPLACE (city or town) Georgia

(State or country)

15. MAIDEN NAME Louise Murry16. BIRTHPLACE (city or town) Georgia

(State or country)

17. INFORMANT Mrs. Grace Phillips(Address) Cleveland Tenn18. BURIAL INFORMATION (if known) Place First Hill Date 6/14/3819. UNDERTAKER M. Train & Sons(Address) Cleveland Tenn20. FILED 6-14 10. 38 Mrs. Train & Sons Registrar.21. DATE OF DEATH (month, day, and year) 6/12/3822. I HEREBY CERTIFY, That I attended deceased from 6/1219. 38, to same dateI last saw him alive on 5:30 p.m. 19. death is saidto have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance in order of their importance as follows:

Coronary ThrombosisContributory causes of importance not related to principal cause None

Name of operation

Date of

What test confirmed diagnosis? Examination there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [Signature](Address) Cleveland Tennessee

M. S.