

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

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4790

BIRTH NO. DEATH NO. 58-1732
NAME Earl Baxter Williams DATE OF DEATH Mar 21 1958
FIRST MIDDLE LAST

COLOR White SEX Male B. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 6. DATE MONTH DAY YEAR May 27, 1901 7. AGE IN YEARS (LAST BIRTHDAY) 56 IF UNDER 1 YR. MONTHS 1 DAYS 11

PLACE OF DEATH COUNTY Knox CITY OR TOWN Knoxville 8. CIVIL DISTRICT 9. USUAL RESIDENCE OF DECEASED A. STATE Tenn. COUNTY Knox B. CIVIL DISTRICT C. CITY OR TOWN Knoxville D. LENGTH OF STAY IN THIS PLACE E. INSIDE CITY LIMITS? YES NO

NAME OF HOSPITAL OR INSTITUTION St. Marys Hosp F. INSIDE CITY LIMITS? YES NO G. STREET ADDRESS 1205 West Church St 9. IS RESIDENT ON A FARM? YES NO

USUAL OCCUPATION Funeral Home Service 10. KIND OF BUSINESS OR INDUSTRY 11. SOCIAL SECURITY NUMBER 12. WAS DECEASED EVER IN U.S. ARMY, NAVY OR AIR FORCE? YES NO OR UNKNOWN

BIRTHPLACE (State or Foreign Country) Iowa 14. CITIZEN OF WHAT COUNTRY? U.S.A. 15. NAME OF HUSBAND OR WIFE Hazel Sadie Williams
FATHER'S NAME Wm Williams 17. MOTHER'S MAIDEN NAME Daisy Larson ADDRESS The Baxter Williams Home

CAUSE OF DEATH MEDICAL CERTIFICATION INTERNAL ORGANS AND DEATH

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Coronary thrombosis 4201 5-20-58
DUE TO (B)
DUE TO (C)
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A) 20. WAS AUTOPSY PERFORMED? YES NO

1. ACCIDENT SUICIDE HOMICIDE 21. DESCRIBE HOW INJURY OCCURRED (State nature of Injury in Part II of Form 101)

TIME OF INJURY: HOUR NO. DAY YR. MAR 21 1958

2. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21a. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.) 21b. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE Tenn.

3. HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE Mark B. Fisher M.D. D.O. OTHER (SPECIFY) ADDRESS St. Marys Hosp DATE Mar 19 1958

4. BURIAL, CREMATION, OR OTHER DISPOSAL (SPECIFY) Burial 22. DATE OF BURIAL, CREMATION, OR REMOVAL Mar 21 1958 23a. NAME OF Cemetery or Place of Burial Highland Memorial 23b. LOCATION CITY, TOWN OR COUNTY Knoxville STATE Tenn.

FUNERAL DIRECTOR Wm Mortuary Knoxville ADDRESS 24. REGISTRATION DIST. NO. 24701 25. DATE SIGNED BY Mar 20, 1958 27. REGISTRAR'S SIGNATURE Mary Chambers