

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

49-23938

BIRTH NO.

1. NAME

Howard Lawrence Douglas²⁴²

2. DATE OF DEATH

11-4-1949

3. COLOR OR RACE

W

4. SEX

M

5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)

6. DATE OF BIRTH

June 5-1898

7. AGE (IN YEARS LAST BIRTHDAY)

59

IF UNDER 1 YR.

IF UNDER 24 HRS.

8. PLACE OF DEATH

A. COUNTY

Campbell

B. CIVIL DISTRICT

5

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)

A. STATE

Tenn

B. COUNTY

Campbell

C. CIVIL DISTRICT

5

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Jellies

D. LENGTH OF STAY IN THIS PLACE

D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Jellies

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location)

E. STREET (IF RURAL, GIVE LOCATION) ADDRESS

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)

Merchant 15667 Retired

10B. KIND OF BUSINESS OR INDUSTRY

Furniture

11. SOCIAL SECURITY NUMBER

12. WAS DECEASED EVER IN U.S. ARMED FORCES?

SPECIFY, YES, NO, UNKNOWN

IF YES, GIVE WAR AND DATES OF SERVICE

13. BIRTHPLACE (State or Foreign Country)

Tenn

14. CITIZEN OF WHAT COUNTRY?

U.S.A.

15. FATHER'S NAME

Ruben Douglas

16. MOTHER'S MAIDEN NAME

Leta Archa Douglas - Mrs. H. L. Douglas

17. INFORMANT

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

(A) Cerebral Apoplexy

331

6 wks

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) Essential Hypertension

DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20A. AUTOPSY

YES NO

20B. FINDINGS AT AUTOPSY

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, Build'g, etc.)

21C. PLACE OF INJURY

CITY, TOWN OR RURAL

COUNTY STATE

21D. TIME OF INJURY

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE

M.D. OTHER (SPECIFY)

ADDRESS

DATE

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)

23B. DATE OF BURIAL, CREMATION, OR REMOVAL

23C. NAME OF Cemetery or Crematory

23D. LOCATION CITY, TOWN OR COUNTY

STATE

24. FUNERAL DIRECTOR

ADDRESS

25. REGISTRATION DIST. NO.

26. DATE SIGNED BY LOCAL REG.

27. REGISTRAR'S SIGNATURE

Ellie J. Fernald, Jellies

40705

11/12/49

Mrs. Pearl Alexander