

CERTIFICATE OF DEATH

768

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

REG. NO.	3301
REG. DIST. NO.	331

3381

2

3302

1. FULL NAME Norman Elberfeld 2. DATE OF DEATH Jan. 13, 1944

(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, WRITE RURAL)

C) NAME OF HOSPITAL Chattanooga
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)

D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____

4. LEGAL RESIDENCE:

A) STATE Tenn.

B) COUNTY Hamilton CIVIL DISTRICT 7

C) CITY OR TOWN Signal Mountain
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)

D) STREET NO. _____

E) CITIZEN OF FOREIGN COUNTRY No (YES OR NO)

IF YES, NAME COUNTRY _____

5. RACE OR COLOR W. 6. SEX M. 7. SINGLE, MARRIED, WIDOWED, DIVORCED - M

8. AGE 68 YEARS MONTHS _____ DAYS _____ HRS. _____ MINS. _____

IF LESS THAN ONE DAY

9. DATE OF BIRTH: MONTH April DAY 13 YEAR 1875

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/9 1944 TO 1/13 1944

AND THAT I LAST SAW HIM ALIVE ON 1/13 1944

AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.

10. PLACE OF BIRTH: CITY OR COUNTY Ohio STATE OR COUNTRY Ohio

11. HUSBAND OR WIFE OF Grace Elberfeld

AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

IMMEDIATE CAUSE OF DEATH:

Broncho pneumonia

DURATION	<u>Few days</u>
PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY	<u>107</u>

12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____

NAME OF WAR _____

13. USUAL OCCUPATION Prof. Baseball Player (Retired)

DUE TO: _____

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____

14. INDUSTRY OR BUSINESS _____

MOTHER FATHER

15. FULL NAME Philip Elberfeld

BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY Germany

16. MAIDEN NAME Katherine Elley

BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY Germany

OPERATION? _____ FINDINGS _____

AUTOPSY? No FINDINGS _____

17. INFORMANT Norm Elberfeld

ADDRESS Signal Mountain, Tenn.

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____

B) DATE OF OCCURRENCE _____

18. BURIAL, REMOVAL OR CREMATION Buried DATE 1/15 1944

CEMETERY Chatt. Memo. Pl. PLACE Chatt. Tenn.

C) WHERE DID INJURY OCCUR _____ CITY COUNTY STATE

D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN _____

19. UNDERTAKER National Funeral Home

ADDRESS Chatt. Tenn. BY C.P. Ralston

ED INDUSTRIAL PLACE, IN PUBLIC PLACE? _____

WHILE AT WORK _____ MEANS OF INJURY _____

DATE FILED 1-25-44

REGISTRAR

1944 SIGNATURE F. E. Walsh M.D.

ADDRESS Chattanooga, Tenn DATE SIGNED 1/22/44