

CERTIFICATE OF DEATH

23559

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

REG. NO. <u>28501</u>
REG. DIST. NO. <u>851</u>

1. FULL NAME Harvey Hendrick 2. DATE OF DEATH 10-29-41

(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:

A) COUNTY Tipton CIVIL DISTRICT # 1

B) CITY OR TOWN Covington, Tenn.
(IF OUTSIDE CITY LIMITS, WRITE RURAL)

C) NAME OF HOSPITAL _____
(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 Tipton CIVIL DISTRICT 1

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

D) STREET NO. _____

E) IF FOREIGN BORN HOW LONG IN U.S.A. _____ YRS.

5. RACE OR COLOR White 6. SEX Male 7. SINGLE, MARRIED, WIDOWED, DIVORCED Married

8. AGE 43 11 20 IF LESS THAN ONE DAY
YEARS MONTHS DAYS HRS. MINS.

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 15 1938 TO Death 1941

AND THAT I LAST SAW HIM ALIVE ON 10 27 1941

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

9. DATE OF BIRTH: MONTH Nov. DAY 9 YEAR 1897

10. PLACE OF BIRTH: CITY OR COUNTY Fayette STATE OR COUNTRY Tenn.

11. HUSBAND OR WIFE OF Lyda Shelton Hendrick

AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

IMMEDIATE CAUSE OF DEATH:

Gunshot wound

R Temple -

DURATION _____

12. IF VETERAN World War SOCIAL SECURITY NUMBER _____

13. USUAL OCCUPATION Wholesale coal and oil dealer.

14. INDUSTRY OR BUSINESS _____

DUE TO: _____

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

OPERATION? No FINDINGS _____

AUTOPSY? no FINDINGS _____

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

FATHER 15. FULL NAME Richard T. Hendrick

BIRTHPLACE CITY OR COUNTY Fayette STATE OR COUNTRY Tenn.

MOTHER 16. MAIDEN NAME Nannie Harvey

BIRTHPLACE CITY OR COUNTY Fayette STATE OR COUNTRY Tenn.

17. INFORMANT Mrs. Harvey Hendrick

ADDRESS Covington, Tennessee

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

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) suicide

B) DATE OF OCCURRENCE 10-29-41

C) WHERE DID INJURY OCCUR Covington Tipton Tenn
CITY COUNTY STATE

D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? Home

18. BURIAL, REMOVAL OR CREMATION Burial DATE 10-30-41

CEMETERY Munford PLACE Covington

19. UNDERTAKER Maley Funeral Home

ADDRESS Covington

WHILE AT WORK _____ MEANS OF INJURY 32 patrol

DATE FILED 11-4-41 NOV 12 1941

REGISTRAR W. R. Eckel

SIGNATURE W. J. Hyatt M.D.

ADDRESS Covington Tenn DATE SIGNED 11-4-41