

BIRTH NO.

1. NAME

Oscola Gray Lucy

FIRST

MIDDLE

LAST

2. DATE OF DEATH

11 19 53

MONTH

DAY

YEAR

3. COLOR

4. SEX

5. SINGLE, MARRIED, WIDOWED,

6. DATE

MONTH DAY YEAR

7. AGE (IN YEARS

IF UNDER 1 YR.

IF UNDER 24 HRS.

White

Male

Divorced

OF BIRTH

June 12 1897

56

MONTHS

DAYS HOURS MINS.

8. PLACE OF DEATH

A. COUNTY

B. CIVIL DISTRICT

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

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

D. LENGTH OF STAY IN THIS PLACE

A. STATE B. COUNTY C. CIVIL DISTRICT

E. NAME OF HOSPITAL (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)

10B. KIND OF BUSINESS OR INDUSTRY

11. SOCIAL SECURITY NUMBER

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

13. BIRTHPLACE (State or Foreign Country)

14. CITIZEN OF WHAT COUNTRY?

SPECIFY, YES, NO, UNKNOWN

IF YES, GIVE WAR AND DATES OF SERVICE

15. FATHER'S NAME

16. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. CAUSE OF DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*

(A) Myocardial decompensation

581.0

4 we eks

ANTECEDENT CAUSES

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

DUE TO (B) Cirrhosis of liver

422.2

?

DUE TO (C) B

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

Bronchiectasis.

526

Sev. yrs.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20A. AUTOPSY

20B. FINDINGS AT AUTOPSY

None

YES  NO 

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

MONTH DAY YEAR HOUR

21E. INJURY OCCURRED

WHILE  NOT WHILE  AT WORK AT WORK

21F. HOW DID INJURY OCCUR?

FEB 9 - 1954

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

SIGNATURE

M.D. OTHER (SPECIFY)

ADDRESS

DATE

J. Sullivan

10 Cleveland, Tenn.

2-6-54

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

26. DATE SIGNED BY

27. REGISTRAR'S SIGNATURE

Murphy Cooper

DIST. NO. 20604

LOCAL REG. 2-8-54

Helen Hoode, Reg.