

1. PLACE OF DEATH

STATE OF TENNESSEE  
STATE DEPARTMENT OF HEALTH  
Division of Vital Statistics  
CERTIFICATE OF DEATH

**COPY**  
NEW RESIDENTS  
Reg. No. 4009

County .....  
Civil Dis. ....  
or  
Village .....  
or  
City .....

Registration District No. ....  
Primary Registration District No. ....  
(No. *Baptist Hosp*)

File No. ....  
Reg. No. 4009

Length of residence in city or town where death occurred *yr.* *mo.* *da.* How long in U. S. if foreign birth? *yr.* *mo.* *da.*

2. FULL NAME *Charles Corbett Carr*  
(a) Residence: No. .... St. *Indiansville Ind*  
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*  
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....  
8. DATE OF BIRTH (month, day, and year) *Dec 27*  
7. AGE Years Months Days If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min. *56*  
8. Trade, profession, or particular kind of work done, as spinner, weaver, bookbinder, etc. *Mfg of*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *White Goods*  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. ....

21. DATE OF DEATH (month, day, and year) *Nov. 25, 1937*  
22. I HEREBY CERTIFY, That I attended deceased from *11-22*  
19-*37* to *11-25*, 19-*37*  
I last saw him alive on *11-25*, 19-*37* death is said to have occurred on the date stated above, *11-25* m.  
The principal cause of death and related causes of importance in order of onset were as follows: *Coronary embolus*  
Contributory causes of importance not related to principal cause:

12. BIRTHPLACE (city or town) (State or country) *Pa.*  
13. NAME ?  
14. BIRTHPLACE (city or town) (State or country) "  
15. MAIDEN NAME "  
16. BIRTHPLACE (city or town) (State or country) "  
17. INFORMANT *Margaret Carr*  
(Address) *Indiansville Ind*  
18. BURIAL, CREMATION, OR REMOVAL *Indiansville Ind 11-26-37*  
19. UNDERTAKER *J. D. Hunter*  
(Address) .....  
20. YEARD *11-28, 1937*

Name of operation ..... Date of .....  
What test confirmed diagnosis? *Phys exam* Was there an autopsy? *No*  
23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury, ..... 19-  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify ..... (Signed) *J. D. Vaughan M. D.*  
(Address) .....

MOTHER FATHERS

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