

1. PLACE OF DEATH

County DAVIDSONCivil Dis. 11thor
VillageCity NashvilleRegistration District No. 4-19-11Primary Registration District No. 181

(No. _____ St.; _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

File No. _____

Reg. No. 3082. FULL NAME Charles W. Dean 500(a) Residence: No. Madison Tenn St. _____ Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Alice Dean6. DATE OF BIRTH (month, day, and year) Nov. 6th - 18527. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min. 82 5 288. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrotyper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11-7-35 11. Total time (years) spent in this occupation 30 yrs12. BIRTHPLACE (city or town) (State or country) Ohio13. NAME James T. Dean14. BIRTHPLACE (city or town) (State or country) England15. MAIDEN NAME Isabelle Holmes16. BIRTHPLACE (city or town) (State or country) England17. INFORMANT J. K. Dean (Address) Madison Tenn.18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date May 6, 193519. UNDERTAKER Cole & Garrett (Address) Goodlettsville, Tenn.20. FILED May 7 35 Walter R. King Registrar.STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

10251

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/6/35 193522. I HEREBY CERTIFY, That I attended deceased from about 3/16 1935 to 5/3 1935I last saw him alive on 6/3 1935, death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Sarcina Sepsis
Sept.

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? No

If so, specify _____

(Signed) Ray Burden M.D. M. D.

(Address) _____

OCCUPATION

MOTHER FATHER