

BIRTH NO. **5802**
 1. NAME **Phieps Beasha Douglas** 2. DATE OF DEATH **Aug 1, 1952**
 FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR **White** 4. SEX **male** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **married**
 6. DATE OF BIRTH **June 17, 1890** 7. AGE (IN YEARS LAST BIRTHDAY) **62**
 8. IF UNDER 1 YR. MONTHS DAYS 9. IF UNDER 24 HRS. HOURS MINS.

10. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)
Tenn Marion
 A. COUNTY **Marion** B. CIVIL DISTRICT
 C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Sequatchie - Rural** D. LENGTH OF STAY IN THIS PLACE **6 yrs**
 E. NAME OF HOSPITAL (If not in Hospital or Institution, Give Street Address and Location) **Residence** F. STREET (IF RURAL, GIVE LOCATION) ADDRESS **Box 378**

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Not Now) **Maintenance Manager to State of Tenn** 10B. KIND OF BUSINESS OR INDUSTRY
 11. SOCIAL SECURITY NUMBER

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY: YES, NO, UNKNOWN IF YES, GIVE WAR AND DATES OF SERVICE
 13. BIRTHPLACE (State or Foreign Country) **Georgia** 14. CITIZEN OF WHAT COUNTRY? **United States**

15. FATHER'S NAME **John Douglas** 16. MOTHER'S MAIDEN NAME **Mary Hankins** 17. INFORMANT **Mrs. Jacquelyn Douglas**
 ADDRESS

18. CAUSE OF DEATH
 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: **Suspected R. Frost Hemiplegia 9.6.52**
Antecedent Causes: Morbid Conditions, if any, giving rise to above cause (A) Stating the underlying cause last: **Wound from revolver 2/23/52**
Due to (B) **Arterio Sclerosis**
Due to (C) **Above affliction**
 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A. AUTOPSY YES NO 20B. FINDINGS AT AUTOPSY

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, Hotel, etc.) 21C. PLACE OF INJURY CITY, TOWN OR RURAL **Sequatchie** STATE **Tenn**
 21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR
OCT 8 -

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
 SIGNATURE **H. A. Price** M.D. OTHER (SPECIFY) **W. H. Tunn** ADDRESS **9-2-52** DATE

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **Aug 5, 1952** 23C. NAME OF Cemetery or Crematory **Rock City Cem** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Rock City, Tenn**

24. FUNERAL DIRECTOR **National Funeral Home** ADDRESS **Chattanooga, Tenn** 25. REGISTRATION DIS. NO. **45802** 26. DATE SIGNED BY **10-3-52** 27. REGISTRAR'S SIGNATURE **Mary Hankins, Deputy Registrar**