

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

49-73938

BIRTH NO.		STATE OF TENNESSEE		DEATH NO.		49-73938	
1. NAME <i>Harold Lawrence Douglas</i>		2. DATE OF DEATH 11-4-1949		FIRST MIDDLE LAST		MONTH DAY YEAR	
3. COLOR OR RACE <i>W</i>	4. SEX <i>M</i>	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH <i>June 5-1898</i>	7. AGE (IN YEARS) LAST BIRTHDAY <i>59</i>	IF UNDER 1 YR. MONTHS DAYS	IF UNDER 24 HRS. HOURS MINS.	
8. PLACE OF DEATH		9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)		A. STATE <i>Tenn</i>		B. COUNTY <i>Campbell</i>	
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)		D. LENGTH OF STAY IN THIS PLACE		C. CIVIL DISTRICT <i>5</i>		D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) <i>Jellies</i>	
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location)		E. STREET (IF RURAL, GIVE LOCATION) ADDRESS <i>Jellies</i>					
10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Furniture</i>		11. SOCIAL SECURITY NUMBER			
12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN		13. BIRTHPLACE (State or Foreign Country) <i>Tenn</i>		14. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
15. FATHER'S NAME <i>Robert Brown</i>		16. MOTHER'S MAIDEN NAME <i>Anna</i>		17. INFORMANT ADDRESS <i>Rev. Mrs. H. S. Douglas, Jellies</i>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(A) <i>Cerebral Apoplexy</i>				331	
ANTECEDENT CAUSES		DUE TO (B) <i>Essential Hypertension</i>				6 wks	
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST		DUE TO (C)					
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20B. FINDINGS AT AUTOPSY	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (In, or About, Home, Farm, Factory, Street, Office Building, etc.)		21C. PLACE OF INJURY (City, Town or Rural)		STATE	
21D. TIME OF INJURY MONTH DAY YEAR HOUR		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>RESERVED</i>		12-8-1949 <i>EX. Inf.</i>	
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE		SIGNATURE <i>Robert Brown</i>		M.D. OTHER (SPECIFY) <input checked="" type="checkbox"/> M.D.		DATE <i>Jellies, Tenn</i> 11-8-49	
23A. BURIAL, CREMATION, REMOVAL (SPECIFY)		23B. DATE OF BURIAL, CREMATION, OR REMOVAL <i>11-6-1949</i>		23C. NAME OF (Institution, Crematory)		23D. LOCATION CITY, TOWN OR COUNTY STATE <i>Jellies, Tenn</i>	
24. FUNERAL DIRECTOR <i>Rev. Mrs. H. S. Douglas</i>		25. REGISTRATION DIST. NO. <i>40705</i>		26. DATE SIGNED BY <i>11/12/49</i>		27. REGISTRAR'S SIGNATURE <i>Wm. Paul Alexander</i>	