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THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITE PLAINLY. ONLY PERMANENT BLUE OR BLACK INK ACCEPTABLE. SIGNATURE MUST BE IN PERMANENT BLUE OR BLACK INK.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN SEVEN DAYS OF DEATH.

MODE OF DEATH: HEART, STROKE, ETC. WHICH CAUSE OF DEATH MUST BE STATED WITH LOCAL REGISTRAR WITHIN 2 HOURS AFTER DEATH AND PRIOR TO REMOVAL BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - PUBLIC HEALTH SERVICE

1900
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1900

DEPARTMENT OF PUBLIC HEALTH
BIRTH NO.

CERTIFICATE OF DEATH
STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS
DEATH NO. 62-26618

1. NAME Martha Ann Faircloth FIRST MIDDLE LAST		2. DATE OF DEATH 10-29-62 MONTH DAY YEAR	
3. COLOR OR RACE W.	4. SEX F.	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	6. DATE MONTH DAY YEAR OF BIRTH 8-27-77
7. AGE (IN YEARS) (LAST BIRTHDAY) 85		8. PLACE OF DEATH A. COUNTY Davidson B. CIVIL DISTRICT 13 C. CITY OR TOWN Nashville D. LENGTH OF STAY IN THIS PLACE 21 days	9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Davidson C. CIVIL DISTRICT 5 D. CITY OR TOWN Nashville E. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
10. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) At Home		10a. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER
12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE		12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE	
13. BIRTHPLACE (State or Foreign Country) Tenn.		14. CITIZEN OF WHAT COUNTRY? USA	
15. NAME OF HUSBAND OR WIFE Henry Faircloth		16. FATHER'S NAME Jim Denny	
17. MOTHER'S MAIDEN NAME Martha Robinson		18. INFORMANT ADDRESS W. H. Tucker, Sr. Nashville, Tenn.	
19. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Arteriosclerotic Cardio Vascular Disease with congestive Heart Failure DUE TO (B) Arteriosclerosis, general and cerebral DUE TO (C) Arthritis, lumbar spine. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)			INTERVAL BETWEEN ONSET AND DEATH 4221 434 725 Unknown
21a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19) ADDITION From Ref Date: 11-5-67 By D	
21c. TIME OF INJURY: HOUR NO. DAY YR. A.M. P.M.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.)		21f. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE	
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE: R. R. Crowe, M.D. OTHER (SPECIFY): ADDRESS: 2715 N. Hamilton Road Nashville, Tennessee DATE: 10-29-62			
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23b. DATE OF BURIAL, CREMATION, OR REMOVAL 10-30-62	
23c. NAME OF Cemetery or Crematory Woodlawn Cem.		23d. LOCATION CITY, TOWN OR COUNTY STATE Nashville, Tenn.	
24. FUNERAL DIRECTOR ADDRESS Cosmopolitan Funeral Home		25. REGISTRATION DIST. NO. 191	
26. DATE SIGNED BY 11-2-62		27. REGISTRAR'S SIGNATURE [Signature]	