



Paula Taylor
STATE REGISTRAR

STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219

OCT 28, 1983

I hereby certify the below to be a true and correct copy of the official document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and Environment and red imprinted signature of the State Registrar are affixed.

Paula Taylor
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State Registrar

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CERTIFICATE OF DEATH 27189

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 91
REG. DIST. NO. 741

FULL NAME Elizabeth Tidwell 2. DATE OF DEATH Dec 23 1939
(FIRST MIDDLE LAST) MONTH DAY YEAR

PLACE OF DEATH:
COUNTY Roane CIVIL DISTRICT 1st
CITY OR TOWN Emory Gap
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
NAME OF HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
LENGTH OF STAY: IN HOSPITAL IN COMMUNITY

4. LEGAL RESIDENCE: A) STATE Tenn
B) COUNTY Roane CIVIL DISTRICT 1st
C) CITY OR TOWN Emory Gap
(IF OUTSIDE CITY LIMITS, GIVE P.O. NO.)
D) STREET NO.
E) IF FOREIGN BORN HOW LONG IN U.S.A. YRS.

RACE OR COLOR white SEX female 7. SINGLE, MARRIED, WIDOWED, DIVORCED Widowed
AGE 76 4 26 IF LESS THAN ONE DAY
YEARS MONTHS DAYS HRS. MINS.
DATE OF BIRTH: MONTH July DAY 27 YEAR 1863
PLACE OF BIRTH: CITY OR COUNTY Roane C. STATE OR COUNTRY Tenn.
HUSBAND OR WIFE OF James A Tidwell
AGE OF HUSBAND OR WIFE, IF LIVING YEARS
IF VETERAN SOCIAL SECURITY NUMBER
NAME OF WAR

MEDICAL CERTIFICATION
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 1 1939 TO Dec 23 1939
AND THAT I LAST SAW HIM ALIVE ON Dec 23 1939
AND THAT DEATH OCCURRED ON THE DATE STATED AT 12 P.M.
IMMEDIATE CAUSE OF DEATH:
Chronic Nephritis 2 yrs
arteriosclerosis 10 yrs
Chronic Myocarditis 1 yr
DUE TO: 131

USUAL OCCUPATION Housework
INDUSTRY OR BUSINESS
17. FULL NAME James W. Wakefield
CITY OR COUNTY Roane STATE OR COUNTRY Tenn
BIRTHPLACE
18. MAIDEN NAME Elizabeth Katherine
CITY OR COUNTY Tenn STATE OR COUNTRY Tenn
BIRTHPLACE

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)
PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY
OPERATION? FINDINGS
AUTOPSY? FINDINGS
21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY)
B) DATE OF OCCURRENCE
C) WHERE DID INJURY OCCUR CITY COUNTY STATE
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?
WHILE AT WORK MEANS OF INJURY

INFORMANT R Tidwell
ADDRESS Emory Gap, Tenn
BURIAL, REMOVAL OR CREMATION Burial DATE Dec 24 1939
CEMETERY DeLozier PLACE Emory Gap
UNDERTAKER Maxwell Funeral Home
ADDRESS Harmon BY Maxwell
FILED 12/23 1939 REGISTRAR

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY)
B) DATE OF OCCURRENCE
C) WHERE DID INJURY OCCUR CITY COUNTY STATE
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?
WHILE AT WORK MEANS OF INJURY
SIGNATURE Wm A Harmon M.D.
ADDRESS Harmon DATE SIGNED 12/23/39