

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

1. NAME **Harriet Frances # Brawley** 2. DATE OF DEATH **Mar. 20, 1953**
FIRST MIDDLE LAST MONTH DAY YEAR

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

3. COLOR OR RACE **White** 4. SEX **Female** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Widowed** 6. DATE OF BIRTH **June 5, 1861** 7. AGE (IN YEARS LAST BIRTHDAY) **91** 8. IF UNDER 1 YR. MONTHS DAYS 9. IF UNDER 24 HRS. HOURS MINS.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN IN ATTENDANCE, HE (OR IF IN QUALIFIED) COMPLETE MEDICAL CERTIFICATION. NATURE OF DELEGATED

005520X1953

8. PLACE OF DEATH A. COUNTY **Decatur** B. CIVIL DISTRICT **2** 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE **Tenn.** B. COUNTY **Decatur** C. CIVIL DISTRICT **2**

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Rural** D. LENGTH OF STAY IN THIS PLACE **Life** D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Rural**

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) **Bath Springs, Tenn.** E. STREET (IF RURAL, GIVE LOCATION) ADDRESS **Bath Springs, Tenn.**

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) **House Wife** 10B. KIND OF BUSINESS OR INDUSTRY **X** 11. SOCIAL SECURITY NUMBER **X**

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN **No** 13. BIRTHPLACE (State or Foreign Country) **Tenn.** 14. CITIZEN OF WHAT COUNTRY? **U.S.A.**

15. FATHER'S NAME **Unknown Seabolt** 16. MOTHER'S MAIDEN NAME **Unknown** 17. INFORMANT ADDRESS **Mr. Auther Brawley, Ridgely, Tenn.**

CAUSE OF DEATH. ENTER ONE CAUSE FOR A. B. DOES NOT MEAN OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.

18. CAUSE OF DEATH MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) **Pneumonia** **480** **6 days**
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH **Senility** **794**

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

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, Building, etc.) 21C. PLACE OF INJURY CITY, TOWN OR RURAL **STATE**

21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21F. HOW DID INJURY OCCUR **MAR 8 1953**

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE **[Signature]** M.D. OTHER (SPECIFY) **Chapman** ADDRESS **[Address]** DATE **5-23-53**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **Mar. 21, 1953** 23C. NAME OF Cemetery or Crematorium **Lone Chestnut** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Decatur Co., Tenn.**

24. FUNERAL DIRECTOR ADDRESS **Shackelford's, Savannah, Tenn.** 25. REGISTRATION DIST. NO. **42002** 26. DATE SIGNED BY LOCAL REG. **4-6-53** 27. REGISTRAR'S SIGNATURE **Lorraine Chester**