

DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH DIVISION OF VITAL STATISTICS STATE OF TENNESSEE

DEATH NO. 60-06281

NAME Ruth Cody FIRST MIDDLE LAST 2. DATE OF DEATH Jan 25, 1960 MONTH DAY YEAR

4. SEX Fe. 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) 6. DATE MONTH DAY YEAR OF BIRTH Nov. 27, 1891 7. AGE (IN YEARS LAST BIRTHDAY) 62 8. IF UNDER 1 YR. MONTHS 2 9. IF UNDER 24 HRS. HOURS 1 MINS.

PLACE OF DEATH COCKE CIVIL DISTRICT 6 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn B. COUNTY Cocke C. CIVIL DISTRICT 4

CITY OR TOWN Newport D. LENGTH OF STAY IN THIS PLACE E. INSIDE CITY LIMITS? YES NO

NAME OF HOSPITAL OR INSTITUTION F. INSIDE CITY LIMITS? F. STREET ADDRESS (OR LOCATION) G. IS RESIDENCE ON A FARM? YES NO

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

14. CITIZEN OF WHAT COUNTRY? U.S. 15. NAME OF HUSBAND OR WIFE Arthur Cody

FATHER'S NAME 17. MOTHER'S MAIDEN NAME 18. INFORMANT ADDRESS

MEDICAL CERTIFICATION CAUSE OF DEATH Enter only one cause per line for (A), (B), (C)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Cardiac Renal Syndrome & Pneumonia

DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 42 93

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH DISEASE CONDITION GIVEN IN PART I (A) WAS AUTOPSY PERFORMED? YES NO

ACCIDENT SUICIDE HOMICIDE 21b. DESCRIBE HOW INJURY OCCURRED

HOUR MO. DAY YR. 21e. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.) 21f. PLACE CITY TOWN OR RURAL COUNTY STATE

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CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE SPECIFIED ABOVE SIGNATURE DATE

B. Robinson M.D. D.O. OTHER (SPECIFY) ADDRESS DATE 2-1-60

23a. DATE OF BURIAL, CREMATION, OR REMOVAL Jan. 31, 1960 23c. NAME OF Cemetery or Crematory Rankin 23d. LOCATION CITY, TOWN OR COUNTY STATE

25. REGISTRATION DIST. NO. 26. DATE SIGNED BY LOCAL REG. 27. REGISTRAR'S SIGNATURE

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RESEARCH PURPOSES ONLY

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