



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH AND ENVIRONMENT  
CORDELL HULL BUILDING  
NASHVILLE, TENNESSEE 37219-5402

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*

Paula Taylor  
State Registrar

*Paula Taylor*

STATE REGISTRAR

CERTIFICATE OF DEATH

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

199\*

REG. NO. \_\_\_\_\_  
REG. DIST. NO. 41504

FULL NAME *Nancy Whitlock* 2. DATE OF DEATH *Jan. 28, 1948*

PLACE OF DEATH:  
COUNTY *Cocke* CIVIL DISTRICT *4*  
CITY OR TOWN *Rural*

4. USUAL RESIDENCE  
A) STATE *Tenn.*  
B) COUNTY *Cocke* CIVIL DISTRICT *4*  
C) CITY OR TOWN *Deerpark, Tenn #1*  
D) STREET NO. \_\_\_\_\_  
E) CITIZEN OF FOREIGN COUNTRY \_\_\_\_\_ (YES OR NO)  
IF YES, NAME COUNTRY \_\_\_\_\_

NAME OF HOSPITAL \_\_\_\_\_  
LENGTH OF STAY: IN HOSPITAL \_\_\_\_\_ IN COMMUNITY \_\_\_\_\_

RACE OR COLOR *W* 6. SEX *Fe.* 7. SINGLE, MARRIED, WIDOWED, DIVORCED  
AGE 85- YEARS 11 MONTHS 22 DAYS IF LESS THAN ONE DAY

MEDICAL CERTIFICATION  
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM *11 Oct 1947* TO *27 Jan 1948*  
AND THAT I LAST SAW HER ALIVE ON *27 Jan 1948*  
AND THAT DEATH OCCURRED ON THE DATE STATED AT \_\_\_\_\_ M.

DATE OF BIRTH: MONTH *Feb.* DAY *6* YEAR *1862*

IMMEDIATE CAUSE OF DEATH:  
*Hypostatic pneumonia*

PLACE OF BIRTH: CITY OR COUNTY *Cocke* STATE OR COUNTRY *Tenn.*

DUE TO: *Cerebral apoplexy*

HUSBAND OR WIFE OF \_\_\_\_\_  
AGE OF HUSBAND OR WIFE, IF LIVING \_\_\_\_\_ YEARS

OTHER CONDITIONS \_\_\_\_\_  
OPERATION? FINDINGS \_\_\_\_\_  
AUTOPSY? FINDINGS \_\_\_\_\_

USUAL OCCUPATION *Invalid*

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

INDUSTRY OR BUSINESS \_\_\_\_\_

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) \_\_\_\_\_  
B) DATE OF OCCURRENCE \_\_\_\_\_  
C) WHERE DID INJURY OCCUR \_\_\_\_\_  
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? \_\_\_\_\_

FULL NAME *Not known*

WHILE AT WORK \_\_\_\_\_ MEANS OF INJURY \_\_\_\_\_  
SIGNATURE *Walter Shultz* M.D.  
ADDRESS *Newport* DATE SIGNED *2-9-48*

BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY

MAIDEN NAME \_\_\_\_\_

INFORMANT *Mrs. Maude Welch*  
ADDRESS *Deerpark, Tenn #1*  
BURIAL, REMOVAL OR CREMATION *Burial* DATE \_\_\_\_\_  
CEMETERY *Rankin* PLACE *Deerpark*  
UNDERTAKER *Brown & Sons*  
ADDRESS *Deerpark, Tenn* BY *Paul Campbell* REGISTRAR

FILED *2-10-1948*