

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

51-15325

William

Andrew

Alford

2. DATE OF DEATH 5-11-1951

FIRST

MIDDLE

LAST

MONTH

DAY

YEAR

4. SEX

5. SINGLE, MARRIED, WIDOWED,

6. DATE MONTH DAY YEAR

7. AGE (IN YEARS

IF UNDER 1 YR.

IF UNDER 24 HRS.

white male

DIVORCED (SPECIFY)  
Widowed

OF BIRTH Jan. 22, 1898

LAST BIRTHDAY) 93

MONTHS

DAYS

HOURS

MINS.

10. CAUSE OF DEATH

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)

CITY Dyer

D. CIVIL DISTRICT 17

A. STATE Tenn

B. COUNTY Dyer

C. CIVIL DISTRICT 17

FOR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

D. LENGTH OF STAY IN THIS PLACE

D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

11. PLACE OF DEATH

Lenox

12. HOSPITAL (If not in Hospital or Institution, Give Street Address and Location)

(If not in Hospital or Institution, Give Street Address and Location)

E. STREET (IF RURAL, GIVE LOCATION) ADDRESS

13. OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)

10a. KIND OF BUSINESS OR INDUSTRY

11. SOCIAL SECURITY NUMBER

Home

14. DECEASED EVER IN U.S. ARMED FORCES?

13. BIRTHPLACE (State or Foreign Country)

14. CITIZEN OF WHAT COUNTRY?

IF YES, NO.

IF YES, GIVE WAR AND DATES OF SERVICE

Virginia

U. S.

15. DECEASED'S NAME

16. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

A. Alford

Mary (Unknown)

W. O. Alford ; Lenox, Tennessee

## MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

18. MODE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

a) Serenity

794

19. PRECEDENT CAUSES

20. PRESENT CONDITIONS, IF ANY, BRINGING RISE TO ABOVE CAUSE (A) OR BRINGING THE UNDERLYING CAUSE TO LIGHT

DUE TO (B)

DUE TO (C)

21. OTHER SIGNIFICANT CONDITIONS OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

22. MODE OF OPERATION

19a. MAJOR FINDINGS OF OPERATION

20a. AUTOPSY

20b. FINDINGS AT AUTOPSY

NONE

YES NO 

23. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, etc.)

21c. PLACE OF INJURY CITY, TOWN OR RURAL

CITY, TOWN OR RURAL

COUNTY

STATE

AUG 9 1951

24. TIME MONTH DAY YEAR HOUR

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

STATE HEALTH DEPT.

INJURY

WHILE NOT WHILE AT WORK AT WORK 

25. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE

M.D. OTHER (SPECIFY)

ADDRESS

DATE

She E. Carne

Dyersburg Tenn

7/30/51

26. CREMATION, (SPECIFY)

23b. DATE OF BURIAL, CREMATION, OR REMOVAL

23c. NAME OF (Cemetery or Crematory)

23d. LOCATION CITY, TOWN OR COUNTY

STATE

A. DIRECTOR

ADDRESS

25. REGISTRATION DIST. NO.

26. DATE SIGNED BY

27. REGISTRAR'S SIGNATURE

W. Curry &amp; Son; Dyersburg, Tenn.

42317

Aug 2, 1951

W. H. Shelton