

Cleveland, Tennessee

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.

VITAL RECORDS

NAME A LEGAL WHEN PROPERLY AND FILED.

PRINT IN PERMANENT OR BLACK INK.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS AND INFORMANT

CAUSE

PHYSICIAN OR MEDICAL EXECUTING CERTIFICATE MUST COMPLETE MEDICAL CERTIFICATE WITHIN 72 HOURS. SIGNATURE CANNOT BE LEGATED.

NOT ATTENDED BY PHYSICIAN AUTHORIZED TO SIGN HERE.

REQUIRE PRIOR PERMISSION OF BODY CARRIER OR FROM STATE.

REGISTRATION

FORM NO. 10-72

BIRTH NO.		DECEASED - NAME		DATE OF DEATH (MONTH, DAY, YEAR)	
1.	Dorothy	n mn	Lillard	2. August 16, 1977	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	SEX	AGE - LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)
3. White	4. Female	5a. 66	5b.	5c.	6. November 18, 1910
COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7a. Bradley	7b. Cleveland		7c. yes	7d. Bradley Memorial Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Tennessee	9. USA	10. Married	11. Cecil Lillard		
SOCIAL SECURITY NUMBER	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY		
12a.	12b.	13a. Nurse	13b.		
RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Tennessee	14b. Bradley	14c. Cleveland	14d. yes	14e. 2312 Howell Street	
FATHER - NAME	MOTHER - MAIDEN NAME	INFORMANT - NAME		MAILING ADDRESS	
15. William H. Corvin	16. Margaret Corvin (Fine)	17. Cecil Lillard		2312 Howell Street	
18. PART I. DEATH WAS CAUSED BY:					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE					
(a) Acute congestive heart failure due to acute myocardial infarction					Sev. days
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Coronary artery heart disease					Sev. months
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Diabetes mellitus					Since 1972
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.		20b.	20c. M.	20d.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, STATE	
20e.	20f.	20g.			
PHYSICIAN - CERTIFICATION		SIGNATURE	DEGREE	DATE SIGNED (MONTH, DAY, YEAR)	
I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		<i>[Signature]</i>		21b. 8/27/77	
MEDICAL EXAMINER - CERTIFICATION		SIGNATURE	TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		<i>[Signature]</i>		22b.	
CERTIFIER - NAME (TYPE OR PRINT)		MAILING ADDRESS STREET OR R.F.D. NO.		CITY OR TOWN	STATE
23a.		23b.			
BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE
24a. Burial	24b. August 18, 1977	24c. Benton Memorial	24d. Benton	Tennessee	
FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			REGISTRAR - SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25. Buckner Funeral Home, Cleveland, Tenn. 37311			26a. <i>[Signature]</i>	26b. 8-30-77	

This is to certify that the above is a true and correct copy of the record filed with Tennessee Department of Public Health, Vital Records, by the local health department.

This is valid only when the seal of the issuing local health department is affixed.

Date Issued 8-30-77 BY *[Signature]* Deputy Registrar

