

CERTIFICATE OF DEATH

14351

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

REG. NO. 203
 REG. DIST. NO. 40702

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

A PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

THERE WAS NO PHYSICIAN IN ATTENDANCE. MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER OR CORONER, IF INSTANT WAS HELD.

CERTIFIED COPIES ARE MADE BY PHOTOSTAT.

FOUR FORM 104

1. FULL NAME Johnnie Shoffner 2. DATE OF DEATH July 3 1948

3. PLACE OF DEATH:

A) COUNTY Campbell CIVIL DISTRICT #2
 B) CITY OR TOWN LaFollette
 (IF OUTSIDE CITY LIMITS, WRITE RURAL)
 C) NAME OF HOSPITAL rural
 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
 D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY life

4. LEGAL RESIDENCE: A) STATE Tenn.
 B) COUNTY Campbell CIVIL DISTRICT #2
 C) CITY OR TOWN LaFollette
 (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
 D) STREET NO. R.F.D. #2
 E) CITIZEN OF FOREIGN COUNTRY no (YES OR NO)
 IF YES, NAME COUNTRY _____

5. RACE OR COLOR W 6. SEX Male 7. SINGLE, (MARRIED) WIDOWED, DIVORCED

8. AGE 27 YEARS 0 MONTHS 25 DAYS IF LESS THAN ONE DAY HRS. MINS.

9. DATE OF BIRTH: MONTH June DAY 8 YEAR 1921

10. PLACE OF BIRTH: CITY OR COUNTY Campbell STATE OR COUNTRY Tenn.

11. HUSBAND OR WIFE OF Charlaie Davis Shoffner
 AGE OF HUSBAND OR WIFE, IF LIVING 18 YEARS

12. IF VETERAN NAME OF WAR U.W. II SOCIAL SECURITY NUMBER 408-20-2098

13. USUAL OCCUPATION Sgt. Trainee G.O. Bill

14. INDUSTRY OR BUSINESS Flooring Plant

15. FATHER FULL NAME Adron Shoffner
 BIRTHPLACE CITY OR COUNTY Campbell STATE OR COUNTRY Tenn.

16. MOTHER MAIDEN NAME Minnie Chadwell
 BIRTHPLACE CITY OR COUNTY Campbell STATE OR COUNTRY Tenn.

17. INFORMANT Adron Shoffner
 ADDRESS LaFollette Tenn. R.F.D. 2

18. BURIAL, REMOVAL OR CREMATION Burial DATE July 6 1948
 CEMETERY Bakers Forge PLACE LaFollette

19. UNDERTAKER Mrs. General Home
 ADDRESS LaFollette Tenn BY Geo. Mars

DATE FILED 7-7 1948 REGISTRAR Elmer P. Jones

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 3 1948 TO July 3 1948 AND THAT I LAST SAW HIM ON July 3 1948 AND THAT DEATH OCCURRED ON THE DATE STATED AT 10:30 P.M.
 IMMEDIATE CAUSE OF DEATH: Apoplexy DURATION 83A Sudden

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) Dislocation of 12th. 11 yrs.
 OPERATION? FINDINGS _____
 AUTOPSY? FINDINGS _____

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
 A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____
 B) DATE OF OCCURRENCE _____
 C) WHERE DID INJURY OCCUR _____ CITY COUNTY STATE
 D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____
 WHILE AT WORK MEANS OF INJURY _____
 SIGNATURE M. L. Davis M.D.
 ADDRESS LaFollette DATE SIGNED 7-7-48