

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Photo No.: 2006-0166 & 0167

Source of Data: Tennessee State Archives, Certificate # 18616

CERTIFICATE OF DEATH 18616

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

1. FULL NAME David Fangel Roe 2. DATE OF DEATH Aug 25 1948

3. PLACE OF DEATH Depton 4. USUAL RESIDENCE Depton

5. COUNTY Depton 6. COUNTY Depton

7. CITY OR TOWN Depton R 1 8. CITY OR TOWN Depton R 1

9. NAME OF HOSPITAL Depton 10. LENGTH OF STAY: IN HOSPITAL 12 IN COMMUNITY 12

11. RACE OR COLOR W 12. SEX M 13. SINGLE MARRIED WIDOWED DIVORCED

14. AGE 75 15. DATE OF BIRTH Oct 2 1873

16. PLACE OF BIRTH Depton 17. HUSBAND OR WIFE OF None

18. AGE OF HUSBAND OR WIFE, IF LIVING None 19. IF VETERAN None SOCIAL SECURITY NUMBER None

20. USUAL OCCUPATION Farming 21. INDUSTRY OR BUSINESS Farming

22. FULL NAME Joseph Roe 23. BIRTHPLACE Depton Tenn

24. MAIDEN NAME Frances J. Shankle 25. BIRTHPLACE Depton Tenn

26. INFORMANT J. D. Roe 27. ADDRESS Depton

28. MEDICAL RECORD OR CREATION None 29. CENTURY 19th PLACE Depton

30. UNDERTAKER Wm. F. Finkel 31. ADDRESS Depton 32. DATE FILED Sept 4 1948

33. SIGNATURE James A. Robertson 34. DATE SIGNED Sept 22

35. MEDICAL CERTIFICATION Pneumonia, Hypostatic 36. DURATION 3 days

37. OTHER CONDITIONS None 38. OPERATIONS None 39. FINDINGS None

40. AUTOPSY None 41. FINDINGS None

42. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING: Cerebral Hemorrhage 43. DURATION 6 hrs

44. ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) None 45. DATE OF OCCURRENCE None

46. WHERE DID INJURY OCCUR None 47. DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE None

48. WHILE AT WORK None 49. MEANS OF INJURY None

REGULATIONS FOR FILING DEATH CERTIFICATES

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

2. THE UNDERTAKER PREPARES THE PERSONAL AND STATISTICAL PARTICULARS OF THE CERTIFICATE. THE SIGNATURE OF THE INFORMANT IS REQUIRED.

3. THE SIGNATURE AND ADDRESS OF THE UNDERTAKER IS REQUIRED.

4. THE MEDICAL PORTION OF THE CERTIFICATE IS TO BE PREPARED AND SIGNED BY THE PHYSICIAN LAST IN ATTENDANCE. THE PHYSICIAN CANNOT AUTHORIZE OTHER PERSONS TO SIGN FOR HIM.

5. WHERE DEATH OCCURS WITHOUT MEDICAL ATTENDANCE, THE MEDICAL PORTION OF THE CERTIFICATE IS TO BE SIGNED BY THE HEALTH OFFICER OF THE COUNTY WHERE DEATH OCCURRED.

6. CAUSE OF DEATH IS TO BE STATED, AND THE CERTIFICATE SIGNED BY THE CORONER WHERE INQUESTS ARE HELD.

7. ALL ITEMS SHOULD BE COMPLETE. INSERT "UNKNOWN" WHERE DEFINITE INFORMATION CANNOT BE OBTAINED.

8. ADDITIONAL INFORMATION BY PHYSICIAN: Dr. states: Hypostatic pneumonia due to prolonged bed confinement