

CERTIFICATE OF DEATH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

DEPT. OF COMMERCE

BUREAU OF THE CENSUS

12002

REG. NO.

11

REG. DIST. NO.

47103

Frank

Clayton

2. DATE OF DEATH May 2nd 46 19

CIVIL DISTRICT 3rd

4. USUAL RESIDENCE

STATE Tennessee

5. COUNTY Polk

CIVIL DISTRICT 3rd

6. CITY OR TOWN Coopersville Tennessee

(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)

7. STREET NO.

8. CITIZEN OF FOREIGN COUNTRY

(YES OR NO)

IF YES, NAME COUNTRY

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM

May 2nd 1946 TO May 2nd 1946

AND THAT I LAST SAW HIM LIVE ON May 2nd 1946

AND THAT DEATH OCCURRED ON THE DATE STATED AT 10:30 A.M.

IMMEDIATE CAUSE OF DEATH:

Gun shot wound

DURATION

died

instantly

DUE TO Shot by a thug party

OTHER CONDITIONS

INCLUDE PRESENCE WITHIN 1 MONTH OF DEATH

OPERATION? FINDINGS

AUTOPSY? FINDINGS

PHYSICIAN

UNDEVELOPED

CAUSE TO

WHICH DEATH

SHOULD BE

CHARGED

STATISTICALLY

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

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) Homicide

B) DATE OF OCCURRENCE May 2nd - 1946

C) WHERE DID INJURY OCCUR Polk, Tenn.

D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN

INDUSTRIAL PLACE, IN PUBLIC PLACE Public Place

WHILE AT WORK live duty MEANS OF INJURY Gun shot

SIGNATURE S. H. Hyde M.D.

ADDRESS Coopersville Tenn. DATE SIGNED 6-20-46

1. NAME OF DECEASED Frank Clayton

2. SEX Male

3. AGE OF DECEASED 32

4. MARRIAGE STATUS Married

5. SOCIAL SECURITY NUMBER

6. USUAL OCCUPATION live a teacher

7. INDUSTRY OR BUSINESS City of Coopersville

8. FULL NAME William Clayton

9. BIRTHPLACE

10. MAIN NAME Public Bradley

11. BIRTHPLACE

12. MAIN NAME

13. BIRTHPLACE

14. BIRTHPLACE

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30. BIRTHPLACE

I hereby certify the above to be a true and correct copy of the original record on file in this Department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and multi-color seal of State Registrar are affixed.

JUN 14 1971

Commissioner