BRADLEY COUNTY HEALTH DEPARTMENT

Cleveland, Tennessee

CERTIFICATE OF DEATH

DECEASED - NAME	PIRST	A 9 A.	MIDDLE		LAST			DATE O	F DEATH (MONTH, D	AY, YEAR)
1.	Doroth	v	n mn		Lillar	d		2. Au	gust 16,1	.977
RACE WHITE, NEGRO, AMERICAN			AGE - LAST		ER I YEAR	HOURS	I DAY	DATE O	F BIRTH (MONTH, DA	AY, YEAR)
3. White	4F	emale	Sa. 66	5b.	. "	Sc.		6. N	lovember 1	8,1910
COUNTY OF DEATH	1			OR LOCATION	OF DEATH		ITY LIMITS YES OR NO!	UE NOT	IN CITUES GIVE STRE	NSTITUTION - NAM
70. Bradley			7b. C	leveland	1	7c. y	es or no	7d. Br	adley Mem	orial Hospi
STATE OF BIRTH (IF NOT IN U.	S.A., CITIZ	EN OF WHAT CO	UNTRY	MARRIED, NEVI	R MARRIED,		SURVIVING	SPOUSE	IF WIFE, GIVE MAIDE	N NAME)
8. Tennessee	0 V 9.	USA		10. Marri			II. Ced	il I	illard	
SOCIAL SECURITY NUMBER	SERVI	CE IN ARMED FOR		USUAL OCCUP	ATION ISIVE K	ND OF WO			ND OF BUSINESS O	R INDUSTRY
CALIFORNIA S	ispeci 12b.	FY WAR OR DATES		Most of Works		P RETIRED!		13	b.	
RESIDENCE - STATE	COUN	ITY	D. 100	CITY, TOWN, C			INSIDE CITY		STREET AND NUMB	ER
Mannagga	2 13				eveland 14d. Ye			0020 11 17 04		well Street
FATHER - NAME	146.		R - MAIDEN N				T - NAM	-		MAILING ADDRESS
	Commin				(Finel	Cec	il T.il	lard	. 2312 Ho	well Street
15. William H.	AS CAUSED BY:	116. Ma	rgarec	NTER ONLY C	NE CAUSE F	ER LINE	FOR (a), (b), and	(c)]	APPROXIMATE 18
TAKIT. DEATH W		USE				-				
	(a) Acu	te con	gestive	heart	fail	urp	due	to a	acute	Sev. day
(c) Acute congestive heart failure due to acongestive heart failure due to acongestive heart infarction conditions, IF.ANY. (b) Coronary artery heart disease										
										Icar man
CONDITIONS, IF ANY,	(b) Cor	onary a								Sev. mon
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDER-	DUE TO, OR AS	A CONSEQUENCE O	artery	heart			eu en			
STATING THE UNDER- LYING CAUSE LAST	DUE TO, OR AS	onary a	artery mellitu	heart is	disea	SO	a (5)			Since 19
STATING THE UNDER-	DUE TO, OR AS	onary a	artery mellitu	heart is	disea	SO	a (5)		AUTOPSY (YES OR NO)	Since 19
STATING THE UNDER- LYING CAUSE LAST	DUE TO, OR AS	onary a	artery mellitu	heart is H BUT NOT RELA	dis ea	S O	ART 1 (a)		AUTOPSY (YES OR HO)	Since 19 IF YES WERE FINDINGS SIDERED AN DETERMINATION OF SEATON 17b.
PART II. OTHER SIGNIFICAN ACCIDENT, SUICIDE, HOMICI	due to, or as (c) Dia T CONDITIONS:	onary a	artery mellitu	heart is	dis ea	S O	ART 1 (a)		AUTOPSY (YES OR HO)	Since 19
IMMEDIATE CAUSE (a), 2 STATING THE UNDER- LYING CAUSE LAST PART II. OTHER SIGNIFICAN	due to, or as (c) Dia T CONDITIONS:	consequence of betes in conditions cont	artery primellitu resource to DEAT	heart is H BUT NOT RELA	dis ea	S O	ART 1 (a)		AUTOPSY (YES OR HO)	Since 19 IF YES WERE FINDINGS SIDERED AN DETERMINATION OF SEATON 17b.
PART II. OTHER SIGNIFICAN ACCIDENT, SUICIDE, HOMICI OR UNDETERMINED (SPECIFY) 200. INJURY AT WORK PL	DUE TO, OR AS (c) DÎA T CONDITIONS: DATE CO 20b. ACE OF INJURY	A CONSEQUENCE OF INJURY (MONTH	artery pre mellitu resource to DEAT	heart AS H BUT NOT RELATED HOUR 20c.	disea	S &	ART 1 (a)	TER MATUE	AUTOPSY (YES OR NO) 19g. E OF INJURY IN PART	Since 19 IF YES WERE FINDINGS SIDERED AN DETERMINATION OF SEATON 1750.
PART II. OTHER SIGNIFICAN ACCIDENT, SUICIDE, HOMICI OR UNDETERMINED (SPECIFY) 20g. INJURY AT WORK PL	DUE TO, OR AS (c) DÍS T CONDITIONS: DE, DATE C 20b. ACE OF INJURY FFICE BLOG., ETC.	A CONSEQUENCE OF INJURY (MONTH	artery pre mellitu resource to DEAT	heart AS H BUT NOT RELATED HOUR 20c.	disea	S &	ART I (O)	TER MATUE	AUTOPSY (YES OR NO) 17g. (YE OF INJURY IN PART	Since 19 If YES WERE FINDINGS SIDERED IN DELERMING OF DEATH 195.
ACCIDENT, SUICIDE, HOMICI OR UNDETERMINED ISPECIFY 20a. INJURY AT WORK SPECIFY YES OR NO! 206. PHYSICIAN — CERTIFICATI	DUE TO, OR AS (c) DÎA T CONDITIONS: DE, DATE C 20b. ACE OF INJURY FFICE BLDG., ETC. H.	A CONSEQUENCE OF DOTONS CONTINUES CO	artery pre mellitu resource to DEAT	heart AS H BUT NOT RELAY HOUR ZOC. LOCATION	disea	S &	ART I (O)	EER NATUE	AUTOPSY (YES OR NO) 17g. (YE OF INJURY IN PART	Since 19 IF YES WERE FINDINGS SIDERED AN DETERMINATION OF SEATON 1750.
ACCIDENT, SUICIDE, HOMICI OR UNDETERMINED (SPECIFY) NUMBER SIGNIFICAN ACCIDENT, SUICIDE, HOMICI OR UNDETERMINED (SPECIFY) OB. PHYSICIAN — CERTIFICATI I ATTENDED THE DECEMANT HE PLACE, ON THE	DUE TO, OR AS (c) D18 T CONDITIONS: DE, DATE C 20b. ACE OF INJURY FFICE BLDG., ETC. M. ION ASED AND DEATH DATE, AND, TO TO	A CONSEQUENCE OF DOTON OF INJURY (MONTH) AT HOME, FARM, SOCCURRED HE BEST OF	artery primellito relauting to DEAT TH, DAY, YEAR) STREET, FACTORY,	heart AS H BUT NOT RELAY HOUR ZOC. LOCATION	disea	S &	CURRED (EN	EER NATUE	AUTOPSY (YES OR HO) 1990. TE OF INJURY IN PART ON, STATE) DATE SIGNED	Since 19 If YES WERE FINDINGS SIDERED IN DELERMING OF DEATH 195.
PART II. OTHER SIGNIFICAN ACCIDENT, SUICIDE, HOMICI OR UNDETERMINED (SPECIFY) 20d. INJURY AT WORK (SPECIFY YES OR NO) PHYSICIAN — CERTIFICATI A THE PLACE, ON THE MY KNOWLEDGE, DUE 21d.	DUE TO, OR AS (c) DÎA T CONDITIONS: DATE C 20b. ACE OF INJURY FFICE BLDG., ETC. M. ION ASSED AND DEATH DATE, AND, TO T TO THE CAUSE	A CONSEQUENCE OF DOTON OF INJURY (MONTH AT HOME, FARM, S (SPECIFY) OCCURRED HE BEST OF SI STATER	artery property mellity resource to Dear th, DAY, YEAR) STREET, FACTORY, GNATURE	heart AS H BUT NOT RELAY HOUR ZOC. LOCATION	disea	S &	CURPPO (SM F.D. HO., CIT DEGREE	EER NATUE	AUTOPSY (YES OR NO) 19g. (E OF INJURY IN PART (IN, STATE) DATE SIGNED 21b.	Since 19 IF YES WERE FINDINGS SIDERED IN DETERMINED OF SEATON 17th. I OR PART IN, ITEM 181 (MONTH, DAY, YEAR)
IMMEDIATE CAUSE (a), STATING THE UNDER- LYING CAUSE LAST PART II. OTHER SIGNIFICAN ACCIDENT, SUICIDE, HOMICI OR UNDETERMINED (SPECIFY) 20g. INJURY AT WORK (SPECIFY YES OR NO) 20e. PHYSICIAN — CERTIFICATI I ATTENDED THE DICCE AT THE PLACE, ON THE MY KNOWLEDGE, DUE 21g. MEDICAL EXAMINER — CER ON THE BASIS OF THE	DUE TO, OR AS (c) DÎA T CONDITIONS: DATE O 20b. ACE OF INJURY FFICE BLOG., ETC. H. ION ASED AND DEATH DATE, AND, TO T TO THE CAUSE TIFFICATION EXAMINATION O	A CONSEQUENCE OF TO SECUENCE OF THE BODY AND	artery mellitu resource to Dear th, DAY, YEAR) street, FACTORY, GNATURE	heart AS H BUT NOT RELAY HOUR ZOC. LOCATION	disea	S &	CURRED (EN	EER NATUE	AUTOPSY (YES OR NO) 19g. (E OF INJURY IN PART (IN, STATE) DATE SIGNED 21b.	SINCE 19 IF YES WERE FINDINGS SIDERED AND DETERMINED OF PART IN, ITEM 181 I OR PART IN, ITEM 181
IMMEDIATE CAUSE (a), STATING THE UNDER- LYING CAUSE LAST PART II. OTHER SIGNIFICAN' ACCIDENT, SUICIDE, HOMICI OR UNDETERMINED (SPECIFY) 20a. INJURY AT WORK (SPECIFY YES OR NO) PHYSICIAN — CERTIFICATI I ATTENDED THE DECEP AT THE PLACE, ON THE MY KNOWLEDGE, DUE 21a. MEDICAL EXAMINER — CER	DUE TO, OR AS (c) D18 T CONDITIONS: DE, DATE CO 20b. ACE OF INJURY FFICE BLDG., ETC. OF. ION DATE, AND, TO TO TO THE CAUSE TIFICATION EXAMINATION O M, IN MY OPIN MY OPIN	A CONSEQUENCE OF TOTAL STATE OF THE BODY ADDRESS OF THE BODY ADDRE	artery mellito resource to Dear who, DAY, YEAR) STREET, FACTORY, GNATURE	heart AS H BUT NOT RELAY HOUR ZOC. LOCATION	disea	S &	CURPPO (SM F.D. HO., CIT DEGREE	EER NATUE	AUTOPSY (YES OR NO) 19g. (E OF INJURY IN PART (IN, STATE) DATE SIGNED 21b.	Since 19 IF YES WERE FINDINGS SIDERED IN DETERMINED OF SEATON 17th. I OR PART IN, ITEM 181 (MONTH, DAY, YEAR)
IMMEDIATE CAUSE (D), STATING THE UNDER- LYING CAUSE LAST PART II. OTHER SIGNIFICAN ACCIDENT, SUICIDE, HOMICI OR UNDETERMINED ISPECIFY 20a. INJURY AT WORK ISPECIFY YES OR NO) 20b. PHYSICIAN — CERTIFICATI I ATTENDED THE DECER AT THE PLACE, ON THE MY KNOWLEDGE, DUE 21a. MEDICAL EXAMINER — CER ON THE INVESTIGATION CURRED ON THE DATE /	DUE TO, OR AS (c) DÎA T CONDITIONS: DE, DATE O 20b. ACE OF INJURY FFICE BLDG., ETC. ON ASED AND DEATH DATE, AND, TO T TO THE CAUSE TIFFICATION O REAMINATION O N, IN MY OPIN AND DUE TO THE	A CONSEQUENCE OF TOTAL STATE OF THE BODY ADDRESS OF THE BODY ADDRE	artery mellito resource to Dear who, DAY, YEAR) STREET, FACTORY, GNATURE	heart AS H BUT NOT RELAY HOUR ZOC. LOCATION	HOW IN 20d.	S &	CURRED (SM F.D. MO., SIT DEGREE	Y OR TOW	AUTOPSY (YES OR NO) 19g. (E OF INJURY IN PART (IN, STATE) DATE SIGNED 21b.	Since 19 IF YES WERE FINDINGS SIDERED IN DETERMINED OF SEATON 17th. I OR PART IN, ITEM 181 (MONTH, DAY, YEAR)
IMMEDIATE CAUSE (1), STATING THE UNDER- LYING CAUSE LAST PART II. OTHER SIGNIFICAN: ACCIDENT, SUICIDE, HOMICI OR UNDETERMINED (SPECIFY) 20a. INJURY AT WORK (SPECIFY YES OR NO) 20 PHYSICIAN — CERTIFICATI I ATTENDED THE DECEA AT THE PLACE, ON THE MY KNOWLEDGE, DUE 21a. MEDICAL EXAMINER — CER ON THE BASIS OF THE OR THE INVESTIGATION CURRED ON THE DATE 22a. CERTIFIER — NAME (TYPE	DUE TO, OR AS (c) DÎA T CONDITIONS: DE, DATE O 20b. ACE OF INJURY FFICE BLDG., ETC. ON ASED AND DEATH DATE, AND, TO T TO THE CAUSE TIFFICATION O REAMINATION O N, IN MY OPIN AND DUE TO THE	A CONSEQUENCE OF TOTAL STATE OF THE BODY ADDRESS OF THE BODY ADDRE	artery mellitu mellitu mellitu mellitu mellitu street, FACTORY, GNATURE	heart AS H BUT NOT RELAY HOUR 20c. LOCATION 20g.	HOW IN 20d.	S &	CURRED (SM F.D. MO., SIT DEGREE	Y OR TOW	AUTOPSY (YES OR HO) 19G. E OF INJURY IN PART IN, STATE) DATE SIGNED 21b. DATE SIGNED	SINCE 19 IF YES WERE FINDINGS SIDERED AND DETERMINED OF PART II, ITEM 181 I OR PART II, ITEM 181 OT /77 (MONTH, DAY, YEAR)
IMMEDIATE CAUSE (D), STATING THE UNDER- LYING CAUSE LAST PART II. OTHER SIGNIFICAN' ACCIDENT, SUICIDE, HOMICI OR UNDETERMINED (SPECIFY) 20g. INJURY AT WORK (SPECIFY YES OR NO) 206. PHYSICIAN — CERTIFICATI I ATTENDED THE DECEY AT THE PLACE, ON THE MY KNOWLEDGE, DUE 210. MEDICAL EXAMINER — CER OR THE JANESTICATION CURRED ON THE DATE / 220. CERTIFIER — NAME (TYPE)	DUE TO, OR AS (c) DÎA T CONDITIONS: DE, DATE O 20b. ACE OF INJURY FFICE BLOG., ETC. ON ASED AND DEATH DATE, AND, TO TO THE CAUSE TIFICATION EXAMINATION O N, IN MY OPIN AND DUE TO THE OR PRINT)	A CONSEQUENCE OF TOTAL CONTINUES CON	artery mellitu resource to Dear th, DAY, YEAR) STREET, FACTORY, GNATURE	heart S Heur Hour 20c. LOCATION 20g. MAILING ADD 23b.	HOW IN 20d.	S & S & S & S & S & S & S & S & S & S &	CURRED (SM DSGREE TITLE	Y OR TOW	AUTOPSY (YES OR HO) 19G. E OF INJURY IN PART IN, STATE) DATE SIGNED 21b. DATE SIGNED	SINCE 19 IF YES WERE FINDINGS SIDERED AND DETERMINED OF PART II, ITEM 181 I OR PART II, ITEM 181 OT /77 (MONTH, DAY, YEAR)
IMMEDIATE CAUSE (d), STATING THE UNDER-LYING CAUSE LAST PART II. OTHER SIGNIFICAN' ACCIDENT, SUICIDE, HOMICI OR UNDETERMINED (SPECIFY) 20d. INJURY AT WORK (SPECIFY) 206. PHYSICIAN — CERTIFICATI I ATTENDED THE DECEA AT THE PLACE, ON THE MY KNOWLEDGE, DUE 21d. MEDICAL EXAMINER — CER ON THE OR THE INVESTICATION CURRED ON THE DATE // CERTIFIER — NAME (TYPE) 22d. BURIAL, CREMATION, REMONESTERMINEST	DUE TO, OR AS (c) D18 T CONDITIONS: DE, DATE O 20b. ACE OF INJURY FFICE BLDG., ETC. ON ASED AND DEATH DATE, AND, TO T TO THE CAUSE TIFICATION EXAMINATION O N, IN MY OPIN AND DUE TO THE OR PRINT) VAL. DATE	A CONSEQUENCE OF THE BODY AND/ STATE OF THE BODY AND/ STATE OCCURRED HE BEST OF SI STATED.	artery mellitu mellitu in, day, year) street, factory, GNATURE AY, YEAR) CEME	heart AS H BUT NOT RELAY HOUR 20c. LOCATION 20g. MAILING ADD 23b. ETERY OR CRE	HOW IN 20d. RESS STREET	S & JURY OCCURRENT OR R.	DEGREE	OR TOW	DATE SIGNED DATE SIGNED 21b. DATE SIGNED 22b. Y OR TOWN	SINCE 19 IF YES WERE FINDINGS SIDERED IN DETERMINING OF SEATH 17b. 1 OR PART II, ITEM 181 CIMONTH, DAY, YEARS 27/77 CIMONTH, DAY, YEARS STATE
IMMEDIATE CAUSE (G), STATING THE UNDER- LYING CAUSE LAST PART II. OTHER SIGNIFICAN' ACCIDENT, SUICIDE, HOMICI OR UNDETERMINED (SPECIFY) 20a. INJURY AT WORK (SPECIFY YES OR HO) 20b. PHYSICIAN — CERTIFICATI I ATTENDED THE DECEA AT THE PLACE, ON THE MY KNOWLEDGE, DUE 21a. MEDICAL EXAMINER — CER OR THE INVESTIGATION CURRED ON THE DATE; 22a. BURIAL, CREMATION, REMOTE	DUE TO, OR AS (c) D18 T CONDITIONS: DE, DATE OF 100 DATE	CONSEQUENCE OF TOURS (MONTH, DA	artery mellitu mellitu mellitu mellitu mellitu mellitu street, FACTORY, GNATURE AY, YEAR) CEME 8.197744.	heart AS HOUR 20c. LOCATION 20g. MAILING ADD 23b. ETERY OR CRE Bent	HOW IN A 20d. RESS STREET ON MATORY — On Memo	S O JURY OCCURRENT OR R.	DEGREE	or tow	AUTOPSY (YES OR HO) 19G. E OF INJURY IN PART IN, STATE) DATE SIGNED 21b. DATE SIGNED	SINCE 19 IF YES WERE FINDINGS SIDERED IN DETERMINING OF SEATH 17b. 1 OR PART II, ITEM 181 CIMONTH, DAY, YEARS 27/77 CIMONTH, DAY, YEARS STATE

rtment of Public Health, Vital Records, by the local health department.

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

Date Issued