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DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

DEATH NO. **62-00792**

BIRTH NO. _____
1. NAME James Hilery Besty 2. DATE OF DEATH 1-23-62
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE W 4. SEX M 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 6. DATE OF BIRTH 5-26-78 7. AGE (IN YEARS LAST BIRTHDAY) 83 IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)
A. COUNTY Trenton B. CIVIL DISTRICT I A. STATE Tenn B. COUNTY Trenton C. CIVIL DISTRICT
C. CITY OR TOWN Jamestown D. LENGTH OF STAY IN THIS PLACE 1 Day D. CITY OR TOWN Jamestown E. INSIDE CITY LIMITS? YES NO

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) Trenton County Hosp. F. STREET ADDRESS (OR LOCATION) R.R. 1 G. IS RESIDENCE ON A FARM? YES NO

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Saw Mill Operator 10B. KIND OF BUSINESS OR INDUSTRY Lumber 11. SOCIAL SECURITY NUMBER _____ 12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN IF YES, GIVE WAR OR DATES OF SERVICE No

13. BIRTHPLACE (State or Foreign Country) Tenn. 14. CITIZEN OF WHAT COUNTRY? U. S. A. 15. NAME OF HUSBAND OR WIFE Delitha Besty

16. FATHER'S NAME James Besty 17. MOTHER'S MAIDEN NAME Elizabeth Garrett 18. INFORMANT ADDRESS Carl Smith Jamestown, Tenn.

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE B. J. Allen M. D. D. O. OTHER (SPECIFY) _____ ADDRESS Jamestown, Tenn. DATE 2/7/62

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL 1-28-62 23C. NAME OF Cemetery or Crematory Stouie 23D. LOCATION CITY, TOWN OR COUNTY STATE Jamestown, Tenn.

24. FUNERAL DIRECTOR ADDRESS FREEMAN FUNERAL HOME 25. REGISTRATION DIST. NO. 42501 26. DATE SIGNED BY LOCAL REG. 2-9-62 27. REGISTRAR'S SIGNATURE Carolyn Jo LaRue, Deputy
Jamestown, Tennessee

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

BY PLAIN OR TYPEWRITER

PHYSICIAN WHO EXAMINED DECEASED DURING LAST 24 HOURS MUST GIVE REASON FOR DEATH AND SIGN CERTIFICATE. SIGNATURE CANNOT BE DELEGATED.

000792X1962

PUBLIC HEALTH SERVICE WELFARE

CAUSE OF DEATH. DO NOT GIVE MODE OF DYING SUCH AS HEART

Research Copy