

CERTIFICATE OF DEATH

23559

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

REG. NO. 28501
REG. DIST. NO. 851

1. FULL NAME Harvey Hendrick 2. DATE OF DEATH 10-29-41

3. PLACE OF DEATH:
A) COUNTY Tipton CIVIL DISTRICT # 1
B) CITY OR TOWN Covington, Tenn.
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL _____
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____

4. LEGAL RESIDENCE: A) STATE Tenn.
B) COUNTY Tipton CIVIL DISTRICT 1
C) CITY OR TOWN Covington
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. _____
E) IF FOREIGN BORN HOW LONG IN U.S.A. _____ YRS.

5. RACE OR COLOR White 6. SEX Male 7. SINGLE, MARRIED, WIDOWED, DIVORCED Married
8. AGE 43 11 20 IF LESS THAN ONE DAY
YEARS MONTHS DAYS HRS. MINS.

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 15 1938 TO Death 1941
AND THAT I LAST SAW HIM ALIVE ON 10 27 1941
AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.

9. DATE OF BIRTH: MONTH Nov. DAY 9 YEAR 1897

IMMEDIATE CAUSE OF DEATH:
Gunsht wound
R Temple -

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

11. HUSBAND OR WIFE OF Lyda Shelton Hendrick
AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

DUE TO: _____

12. IF VETERAN World War SOCIAL SECURITY NUMBER _____

13. USUAL OCCUPATION Wholesale coal and oil dealer.

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____

14. INDUSTRY OR BUSINESS _____

FATHER 15. FULL NAME Richard T. Hendrick
BIRTHPLACE CITY OR COUNTY Fayette STATE OR COUNTRY Tenn.

OPERATION? No FINDINGS _____

MOTHER 16. MAIDEN NAME Nannie Harvey
BIRTHPLACE CITY OR COUNTY Fayette STATE OR COUNTRY Tenn.

AUTOPSY? no FINDINGS _____

17. INFORMANT Mrs. Harvey Hendrick
ADDRESS Covington, Tennessee

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

18. BURIAL, REMOVAL OR CREMATION Burial DATE 10-30-41
CEMETERY Munford PLACE Covington

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) suicide

19. UNDERTAKER Maley Funeral Home
ADDRESS Covington

B) DATE OF OCCURRENCE 10-29-41

C) WHERE DID INJURY OCCUR Covington Tipton Tenn
CITY COUNTY STATE

D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? Home

DATE FILED 11-4-41 NOV 12 1941
W. R. Eckel
REGISTERAR

WHILE AT WORK _____ MEANS OF INJURY 32 pistol

SIGNATURE W. J. Hyatt M.D.

ADDRESS Covington Tenn DATE SIGNED 11-4-41