

CERTIFICATE OF DEATH 22594

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
 COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 29509
 REG. DIST. NO. 951

1. FULL NAME Martha Elise Cliffe 2. DATE OF DEATH OCT-19-1946

3. PLACE OF DEATH:
 A) COUNTY Williamson CIVIL DISTRICT 9th
 B) CITY OR TOWN Franklin, Tenn.
 C) NAME OF HOSPITAL Franklin Nursing Home
 D) LENGTH OF STAY: IN HOSPITAL life IN COMMUNITY life

4. LEGAL RESIDENCE:
 A) STATE TENN
 B) COUNTY WILLIAMSON CIVIL DISTRICT 9
 C) CITY OR TOWN FRANKLIN
 D) STREET NO. 3RD AVE N.
 E) CITIZEN OF FOREIGN COUNTRY NO (YES OR NO)
 IF YES, NAME COUNTRY _____

5. RACE OR COLOR W 6. SEX Female 7. SINGLE, MARRIED, (WIDOWED) DIVORCED Widow
 8. AGE 70 YEARS 9 MONTHS 13 DAYS IF LESS THAN ONE DAY
 9. DATE OF BIRTH: MONTH Jan. DAY 6 YEAR 1876
 10. PLACE OF BIRTH: CITY OR COUNTY Wmson Co., STATE OR COUNTRY Tenn.
 11. HUSBAND OR WIFE OF The late Dr. Daniel B. Cliffe
 AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS
 12. IF VETERAN NAME OF WAR _____ SOCIAL SECURITY NUMBER _____

MEDICAL CERTIFICATION
 I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 1 1946 TO Oct-19 1946
 AND THAT I LAST SAW HIM ALIVE ON Oct 15 1946
 AND THAT DEATH OCCURRED ON THE DATE STATED AT 6 P.M.

IMMEDIATE CAUSE OF DEATH:
Dry Gangrene of foot - 83A DURATION 6 weeks
97
 DUE TO: arteriosclerosis

13. USUAL OCCUPATION Housewife 444 99
 14. INDUSTRY OR BUSINESS _____
 15. FULL NAME Capt. Rowland W. Jones
 BIRTHPLACE CITY OR COUNTY Grenada STATE OR COUNTRY Miss.
 16. MAIDEN NAME Emma Clouston
 BIRTHPLACE CITY OR COUNTY Franklin, STATE OR COUNTRY Tenn.

OTHER CONDITIONS: apoplexy, cerebral - 2 yrs PHYSICIAN _____
 (INCLUDE PREGNANCY WITHIN 5 MONTHS OF DEATH) UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY
 OPERATION? FINDINGS _____
 AUTOPSY? no FINDINGS _____

17. INFORMANT Steve G. Cliffe
 ADDRESS Franklin, Tenn.
 18. BURIAL, REMOVAL OR CREMATION Burial DATE Oct-21-1946
 CEMETERY Mount Hope PLACE Franklin, Tenn.
 19. UNDERTAKER W. J. Bethurum & Son
 ADDRESS Franklin, Tenn. BY W. J. Bethurum

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
 A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____
 B) DATE OF OCCURRENCE _____
 C) WHERE DID INJURY OCCUR _____ CITY COUNTY STATE
 D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____
 WHILE AT WORK MEANS OF INJURY _____

DATE FILED 11-2 1946 P. J. Smith REGISTRAR

SIGNATURE P. J. Molen M.D.
 ADDRESS Franklin, Tenn. DATE SIGNED 10-22-46