

Full Name: Nancy Ellen Padgett
 Date of Death: March 4th, 1954
 Color or Race: White
 Sex: Female
 Single, Married, Widowed, or Divorced: Widowed
 Date of Birth: January, 18th, 1860
 Age: 94 years, 1 month
 Citizen of What Country: USA
 Fathers Name: Sanford G. Ramsey
 County: Cumberland
 City of Town: Rockwood
 Birthplace: Tennessee
 Mothers Namer: Catherine Speck
 Informant: Mr. & Mrs. Shirley Carr
 Cause of Death: Coronary Heart Disease

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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN IN ATTENDANCE, HEALTH OFFICER (OR CORONER IF INQUEST WAS HELD) MUST COMPLETE AND SIGN MEDICAL CERTIFICATION. SIGNATURE NOT BE DEL

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DEATH. ONLY ONE LINE FOR HIS DOES MODE OF SUCH AS URE, AS ETC. IT DISEASE, COMPLI WHICH ATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

1860
1954
BIRTH NO. DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH DIVISION OF VITAL STATISTICS STATE OF TENNESSEE COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO. 54-04547

1. NAME *Nancy Ellen Padgett* 2. DATE OF DEATH *March 4, 1954*

3. COLOR OR RACE *W.* 4. SEX *F.* 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) *widowed* 6. DATE OF BIRTH *Jan. 18, 1860* 7. AGE (IN YEARS LAST BIRTHDAY) *94* IF UNDER 1 YR. MONTHS *1* DAYS *16* IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH A. COUNTY *Cumberland* B. CIVIL DISTRICT C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) *Rockwood, Rt. 1* D. LENGTH OF STAY IN THIS PLACE E. NAME OF HOSPITAL OR INSTITUTION F. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE *Tenn.* B. COUNTY *Cumb.* C. CIVIL DISTRICT D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) *Rockwood* E. STREET (IF RURAL, GIVE LOCATION) ADDRESS *Rt. 1*

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) *Housewife* 10B. KIND OF BUSINESS OR INDUSTRY 11. SOCIAL SECURITY NUMBER

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN *no* IF YES, GIVE WAR AND DATES OF SERVICE 13. BIRTHPLACE (State or Foreign Country) *Tennessee* 14. CITIZEN OF WHAT COUNTRY? *U. S. A.*

15. FATHER'S NAME *Sanford J. Ramsey* 16. MOTHER'S MAIDEN NAME *Catherine Speck* 17. INFORMANT *Mr. & Mrs. Shirley Carr* ADDRESS *Rt. 1, Rockwood, Tenn.*

18. CAUSE OF DEATH MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) *Coronary heart disease* 4:11:11
 ANTECEDENT CAUSES DUE TO (B) *Arteriosclerosis*
 MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A. AUTOPSY YES NO 20B. FINDINGS AT AUTOPSY

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, Building, etc.) 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE *Rockwood*

21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR APR 9 1954

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE *H. H. Brown* M.D. OTHER (SPECIFY) ADDRESS STATE HEALTH DEPT. DATE

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) *Burial* 23B. DATE OF BURIAL, CREMATION, OR REMOVAL *3/6/54* 23C. NAME OF Cemetery or Crematory *Woody Cemetery* 23D. LOCATION CITY, TOWN OR COUNTY STATE *Cumberland Co. Tennessee*

24. FUNERAL DIRECTOR ADDRESS *Bilbunz, Crossville, Tenn.* 25. REGISTRATION DIST. NO. *41808* 26. DATE SIGNED BY LOCAL REG. *3-23-54* 27. REGISTRAR'S SIGNATURE *Bobbie Jean Elmore, Deputy*