

Perisutti 1994
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DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

BIRTH NO. _____ DEATH NO. 59-19144
1. NAME Mrs Mary H. Perisutti 2. DATE OF DEATH Aug 15-1959
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE W 4. SEX F 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed 6. DATE MONTH DAY YEAR OF BIRTH 8-31-1883 7. AGE (IN YEARS LAST BIRTHDAY) 76 8. IF UNDER 1 YR. MONTHS DAYS 9. IF UNDER 24 HRB. HOURS MINS.

6. PLACE OF DEATH 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)
A. COUNTY Davidson B. CIVIL DISTRICT 1 A. STATE Tenn B. COUNTY Davidson C. DISTRICT 1
C. CITY OR TOWN Nashville D. LENGTH OF STAY IN THIS PLACE _____ E. INSIDE CITY LIMITS? YES NO
F. STREET ADDRESS 1705-3rd Ave North G. IS RESIDENCE ON A FARM? YES NO

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) Nashville General F. INSIDE CITY LIMITS? YES NO
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Housewife 10B. KIND OF BUSINESS OR INDUSTRY Home 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 _____

13. BIRTHPLACE (State or Foreign Country) Tennessee 14. CITIZEN OF WHAT COUNTRY? U.S.A. 15. NAME OF HUSBAND OR WIFE _____
16. FATHER'S NAME Unknown 17. MOTHER'S MAIDEN NAME Unknown 18. INFORMANT Mike Leo Perisutti ADDRESS Nashville

MEDICAL CERTIFICATION
19. CAUSE OF DEATH (Enter only one cause per line for (A), (B), (C))
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Arteriosclerotic atherosclerosis INTERVAL BETWEEN ONSET AND DEATH ? 450.0
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last } DUE TO (B) _____
DUE TO (C) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A) _____

21A. ACCIDENT SUICIDE HOMICIDE 21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Form 101) _____
21C. TIME OF INJURY: HOUR MO. DAY YR. A.M. P.M. _____

21D. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.) _____ 21F. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE _____
REC'D BY STATE AUG 24 '59

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE R. Kenpo M.D. D.O. OTHER (SPECIFY) _____ ADDRESS Nashville General Hospital DATE 8/19/59

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Funeral 23B. DATE OF BURIAL, CREMATION, OR REMOVAL Aug 17-1959 23C. NAME OF Cemetery or Crematory Springhill 23D. EDUCATION CITY, TOWN OR COUNTY STATE Madison Tennessee

24. FUNERAL DIRECTOR BUREAU ADDRESS 1503 Buchanan Street Nashville 8, Tennessee 25. REGISTRATION DIST. NO. 21961 26. DATE SIGNED BY LOCAL REG. 8-21-59 27. REGISTRAR'S SIGNATURE Geo. H. Hefley

HIS BECOMES A PERMANENT RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.
WRITE ONLY WITH PERMANENT INK OR TYPEWRITER.
PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH WITH SIGNIFICATION OF ILLNESS, NAME OF PHYSICIAN, HOSPITAL OR CLINIC, ADDRESS OF INSTITUTION (If not in Hospital or Institution, Give Street Address or Location), COMPLETE MEDICAL HISTORY WITHIN 24 HOURS OF DEATH.
CAUTION: CODE OF DEATHS HEART DISEASE, STENOSIS, HEART DISEASE, OR COMPLICATION WHICH CAUSED DEATH.
FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 2 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.
ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - PUBLIC HEALTH SERVICE

FORM 100
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