

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 CERTIFICATE. PHYSICIAN SIGNATURE, OFFICER, IF HELD, COMPLETE MEDICAL CERTIFICATE OF SIGNATURE NOT BE

CAUSE OF DEATH. ONLY ONE LINE FOR A. B. C. - THIS DOES NOT MEAN MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.

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.

1994  
24  
1994  
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. 55-27010

1. NAME *Linda Fae Perinetti* 2. DATE OF DEATH *Dec. 29, 1955*

3. COLOR OR RACE *White* 4. SEX *Female* 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) *Single* 6. DATE OF BIRTH *Aug. 16, 1947* 7. AGE (IN YEARS LAST BIRTHDAY) *8* 8. IF UNDER 1 YR. MONTHS DAYS 9. IF UNDER 24 HRB. HOURS MINS.

8. PLACE OF DEATH A. COUNTY *Davidson* B. CIVIL DISTRICT *1* 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE *Tenn* B. COUNTY *Davidson* CIVIL DISTRICT *1*

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) *Nashville* D. LENGTH OF STAY IN THIS PLACE *Nashville* E. STREET (IF RURAL, GIVE LOCATION) ADDRESS *1207-2nd Ave North*

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) *School* 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? *USA*

15. FATHER'S NAME *Michael Perinetti* 16. MOTHER'S MAIDEN NAME *Arnie Cavender* 17. INFORMANT ADDRESS *Michael Perinetti - 1207-2nd Ave North*

MEDICAL CERTIFICATION 18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (A) *Acute Broncho-Pneumonia* ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) *2nd and 3rd degree burns (About 45% of the body surface)* DUE TO (C) *body surface* 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 *Same 2*

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

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

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE *[Signature]* M.D. OTHER  (SPECIFY) *HEALTH* ADDRESS *Bennie Dillon Building Nashville, Tenn* DATE *12-31-55*

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) *Burial* 23B. DATE OF BURIAL, CREMATION, OR REMOVAL *Dec. 31, 1955* 23C. NAME OF Cemetery or Crematory *Spring Hill* 23D. LOCATION CITY, TOWN OR COUNTY STATE *Madison Tenn*

24. FUNERAL DIRECTOR ADDRESS *Buena Vista Chapel Nashville* 25. REGISTRATION DIST. NO. *21901* 26. DATE SIGNED BY *1-4-56* 27. REGISTRAR'S SIGNATURE *[Signature]*