

CERTIFICATE OF DEATH # 25360

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

REG. NO. 2387
 REG. DIST. NO. 21901

1987

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1. FULL NAME Pete John Perisutti 2. DATE OF DEATH Dec. 9, 1944
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
 A) COUNTY Davidson CIVIL DISTRICT 1st
 B) CITY OR TOWN Nashville
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
 C) NAME OF HOSPITAL Nashville General
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
 D) LENGTH OF STAY: IN HOSPITAL 1 Dy IN COMMUNITY 52 Yrs

4. LEGAL RESIDENCE: A) STATE Tenn.
 B) COUNTY Davidson CIVIL DISTRICT 1st
 C) CITY OR TOWN Nashville
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
 D) STREET NO. 1228 Second Ave. North
 E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)
 IF YES, NAME COUNTRY _____

5. RACE OR COLOR W. 6. SEX M. 7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED
 8. AGE 61 5 29 IF LESS THAN ONE DAY
YEARS MONTHS DAYS HRS. MINS.
 9. DATE OF BIRTH: MONTH June DAY 10 YEAR 1883
 10. PLACE OF BIRTH: CITY OR COUNTY Unknown STATE OR COUNTRY Italy
 11. HUSBAND OR WIFE OF Mrs. Mary Perisutti
 AGE OF HUSBAND OR WIFE, IF LIVING 62 YEARS~~

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM on Dec 9 1944 TO 19
 AND THAT I LAST SAW HIM ALIVE ON Dec 9 1944
 AND THAT DEATH OCCURRED ON THE DATE STATED AT 8 P M.

IMMEDIATE CAUSE OF DEATH:
Shock from crushing injury of left ribs & left lung

DURATION few hours

12. IF VETERAN NAME OF WAR No SOCIAL SECURITY NUMBER No
 13. USUAL OCCUPATION Laborer Street Dept.
 14. INDUSTRY OR BUSINESS City of Nashville

DUE TO: _____
 OTHER CONDITIONS Dislocated Shoulder left
(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

FATHER 15. FULL NAME Florian Perisutti
 BIRTHPLACE CITY OR COUNTY Unknown STATE OR COUNTRY Italy
 MOTHER 16. MAIDEN NAME Mary Agnese
 BIRTHPLACE CITY OR COUNTY Unknown STATE OR COUNTRY Italy

OPERATION? 0 FINDINGS _____
 AUTOPSY? 0 FINDINGS _____

17. INFORMANT Mrs. Ray St John
 ADDRESS 1503 Villa Place
 18. BURIAL, REMOVAL OR CREMATION Burial DATE 12-11-44
 CEMETERY Calvary PLACE Nashville

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
 A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) Accident
 B) DATE OF OCCURRENCE Dec 9-1944
 C) WHERE DID INJURY OCCUR Nashville Tenn
CITY COUNTY STATE
 D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? Street

19. UNDERTAKER RECEIVED Martin's
 ADDRESS 2021 West End Ave. BY William T. Johnson

WHILE AT WORK yes MEANS OF INJURY Auto ran over him
 SIGNATURE W. T. Johnson M.D.
 ADDRESS 137-7th Ave N DATE SIGNED 12/16/44

DATE FILED 12-19-44 REGISTRAR J. W. Ellis

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE WITH A PHOTOSTAT.

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