

"Tennessee Death Records, 1914-1963," digital images, *FamilySearch* (<http://www.familysearch.org> : accessed 26 October 2017), Lucy Ann Shipley, 20 Mar 1946; citing Milan Cemetery, Knoxville, Knox, Tennessee, cn 7865, State Library and Archives, Nashville; FHL microfilm 2,137,370.

CERTIFICATE OF DEATH		7865	
DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS		REG. NO. 24801	
4889 COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS		REG. DIST. NO. 481	
1. FULL NAME <i>Mrs. Lucy Ann Shipley</i>		2. DATE OF DEATH <i>March 20 1946</i>	
3. PLACE OF DEATH:		4. USUAL RESIDENCE	
A) COUNTY <i>Knox</i>	CIVIL DISTRICT	A) STATE <i>Tenn.</i>	
B) CITY OR TOWN <i>Knoxville</i>	(IF OUTSIDE CITY LIMITS, WRITE RURAL)	B) COUNTY <i>Knox</i>	
C) NAME OF HOSPITAL <i>1612 Worth St.</i>	(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)	C) CITY OR TOWN <i>Knoxville</i>	
D) LENGTH OF STAY: IN HOSPITAL IN COMMUNITY		D) STREET NO. <i>1612 Worth St.</i>	
5. RACE OR COLOR <i>W</i>	6. SEX <i>F</i>	E) CITIZEN OF FOREIGN COUNTRY (YES OR NO)	
7. SINGLE, MARRIED, WIDOWED, DIVORCED <i>D</i>		IF YES, NAME COUNTRY	
8. AGE <i>76</i> YEARS <i>3</i> MONTHS <i>8</i> DAYS	IF LESS THAN ONE DAY	MEDICAL CERTIFICATION	
9. DATE OF BIRTH: MONTH <i>Dec</i> DAY <i>12</i> YEAR <i>1869</i>		20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>2/20</i> 19 <i>46</i> TO <i>3/20</i> 19 <i>46</i>	
10. PLACE OF BIRTH: CITY OR COUNTY <i>Union</i> STATE OR COUNTRY <i>Tenn.</i>		AND THAT I LAST SAW HIM ALIVE ON <i>3/20</i> 19 <i>46</i>	
11. HUSBAND OR WIFE OF <i>David Shipley</i>	AGE OF HUSBAND OR WIFE, IF LIVING YEARS	AND THAT DEATH OCCURRED ON THE DATE STATED AT <i>10A.</i>	
12. IF VETERAN NAME OF WAR SOCIAL SECURITY NUMBER		IMMEDIATE CAUSE OF DEATH: <i>Cerebral hemorrhage</i>	
13. USUAL OCCUPATION		DURATION	
14. INDUSTRY OR BUSINESS		DUE TO: _____	
15. FATHER FULL NAME <i>Jack Wilkerson</i>	BIRTHPLACE CITY OR COUNTY <i>Union</i> STATE OR COUNTRY <i>Tenn.</i>	OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)	
16. MOTHER MAIDEN NAME <i>Sarah Selvege</i>	BIRTHPLACE CITY OR COUNTY <i>Roane</i> STATE OR COUNTRY <i>Tenn.</i>	OPERATION? FINDINGS	
17. INFORMANT <i>Mrs. Lillie Cabbage</i>	ADDRESS <i>105 Felix St. Mt. City</i>	AUTOPSY? FINDINGS	
18. BURIAL, REMOVAL OR CREMATION <i>Burial</i> DATE <i>3-25</i> 19 <i>46</i>	CEMETERY <i>Milan</i> PLACE <i>RECEIVED</i>	21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:	
19. UNDERTAKER <i>Brewer's</i>	ADDRESS <i>Knoxville</i> BY <i>M. Kyle</i> DATE FILED <i>4-9</i> 19 <i>46</i>	A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) <i>SI</i>	
		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?	
		E) WHILE AT WORK MEANS OF INJURY	
		SIGNATURE <i>Israel C. Brown</i> M.D.	
		ADDRESS <i>307 Med. Co. Bldg.</i> DATE SIGNED <i>4/9/46</i>	

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

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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