



TENNESSEE DEPARTMENT OF HEALTH

DELAYED REPORT OF DIAGNOSIS - DEATHSTATE FILE NUMBER **2017 100471**

TYPE/ PRINT IN PERMANENT BLACK INK.	1. DECEDENT'S LEGAL NAME NOAH CAMERON KELLOGG		2. SEX MALE		3. DATE OF DEATH 09/25/2017	
	5a. AGE 19	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____		6. DATE OF BIRTH 06/21/1998	
A DELAYED REPORT OF DIAGNOSIS MAY BE FILED IF THE CAUSE OF DEATH CANNOT BE DETERMINED WITHIN 48 HOURS.	8b. FACILITY NAME MCGLOTHLIN-LARGEN WILDLIFE MANAGEMENT AREA		8c. CITY OR TOWN HARRIMAN		8d. COUNTY OF DEATH ROANE	
	24. REGISTRAR'S SIGNATURE /e/ LORI FERRANTI			25. DATE FILED 10/12/2017		
ALL ITEMS ARE TO BE COMPLETE AND ACCURATE. ITEM NUMBERS ARE SKIPPED SO THAT NUMBERS ARE THE SAME AS ON CERTIFICATE OF DEATH.	26. CERTIFIER (Check only one): 26a. <input type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date, time, and place, and due to the cause(s) and manner stated. 26b. <input checked="" type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, time, and place, and due to the cause(s) and manner stated.					
	27a. SIGNATURE OF CERTIFIER /e/ THOMAS BODUCH			27b. LICENSE NUMBER 14330		27c. DATE SIGNED 10/12/2017
	27d. NAME AND ADDRESS THOMAS BODUCH 314 EAST SPRING STREET, KINGSTON, TENNESSEE 37763					
28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. SHARP FORCE INJURY OF NECK Due to (or as a consequence of) b. Due to (or as a consequence of) c. Due to (or as a consequence of) d. Sequentially list conditions, if any, leading to the cause of): listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						Approximate interval: Onset to death 5-10 MINUTES
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				29a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
30. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input checked="" type="checkbox"/> Suicide		31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		
33. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	34a. DATE OF INJURY (Month, Day, Year) 09/25/2017	34b. TIME OF INJURY 03:00	34c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34d. PLACE OF INJURY PARKING LOT		
34e. DESCRIBE HOW INJURY OCCURRED CUT HIS NECK WITH A KNIFE			34f. LOCATION OF INJURY BOWMAN BEND ROAD, HARRIMAN, TN			