

2232

# CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

REG. NO. 2076

REG. DIST. NO.

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.

1. FULL NAME <u>James J. Fleming</u>		2. DATE OF DEATH <u>7-8-</u> 19 <u>42</u>	
(FIRST MIDDLE LAST)		MONTH DAY YEAR	
3. PLACE OF DEATH:			
A) COUNTY <u>Shelby</u> CIVIL DISTRICT _____		4. LEGAL RESIDENCE: A) STATE <u>Tenn.</u>	
B) CITY OR TOWN <u>Memphis</u> (IF OUTSIDE CITY LIMITS, WRITE RURAL)		B) COUNTY <u>Tipton</u> CIVIL DISTRICT <u>7</u>	
C) NAME OF HOSPITAL <u>Baptist</u> (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)		C) CITY OR TOWN <u>Atoka</u> (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)	
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____		D) STREET NO. _____	
5. RACE OR COLOR <u>White Male</u>		E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)	
6. SEX <u>Male</u>		IF YES, NAME COUNTRY _____	
7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>Married</u>		<b>MEDICAL CERTIFICATION</b>	
8. AGE <u>58</u> YEARS MONTHS _____ DAYS _____ HRS. _____ MINS. _____		20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>7-1-</u> 19 <u>42</u> TO <u>7-8-</u> 19 <u>42</u>	
9. DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____		AND THAT I LAST SAW HIM ALIVE ON <u>7-8-</u> 19 <u>42</u>	
10. PLACE OF BIRTH: CITY OR COUNTY _____ STATE OR COUNTRY <u>Tenn.</u>		AND THAT DEATH OCCURRED ON THE DATE STATED AT <u>9:26 AM</u>	
11. HUSBAND OR WIFE OF <u>Mrs. Nellie Fleming</u>		IMMEDIATE CAUSE OF DEATH:	
AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS		<u>Coronary Thrombosis</u>	
12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____		DURATION _____	
NAME OF WAR _____		DUE TO: _____	
13. USUAL OCCUPATION <u>Doctor</u>		OTHER CONDITIONS _____	
14. INDUSTRY OR BUSINESS _____		(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)	
FATHER	15. FULL NAME <u>Geo. Thomas Fleming</u>		OPERATION? FINDINGS _____
	BIRTHPLACE CITY OR COUNTY <u>Miss.</u> STATE OR COUNTRY _____		
MOTHER	16. MAIDEN NAME <u>Margaret Faulkner</u>		AUTOPSY? FINDINGS _____
	BIRTHPLACE CITY OR COUNTY <u>Tenn.</u> STATE OR COUNTRY _____		
21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:			
A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____			
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? _____			
17. INFORMANT <u>C. P. Fleming</u>		WHILE AT WORK _____ MEANS OF INJURY _____	
ADDRESS <u>Stanton, Tenn.</u>		SIGNATURE <u>Robert C. Taylor</u> M.D. _____	
18. BURIAL, REMOVAL OR CREMATION <u>Removal</u> DATE <u>7-9-</u> 19 <u>42</u>		ADDRESS <u>899 Madison</u> DATE SIGNED <u>7-8-42</u>	
CEMETERY <u>Salem</u> PLACE <u>Idaville</u>			
19. UNDERTAKER <u>Maley Funeral Home</u>			
ADDRESS <u>Covington, Tenn.</u> BY _____			
DATE FILED <u>7-11-</u> 19 <u>42</u>			
REGISTRAR			