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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.

FORM 104

CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE
COOPERATING WITH DEPT. OF COMMERCE

13371
DIV. OF VITAL STATISTICS
BUREAU OF THE CENSUS

REG. NO. 2005
REG. DIST. NO. 801

8086
0916 Iza Taylor Moore
566
1. FULL NAME (FIRST MIDDLE LAST)

2. DATE OF DEATH June 14 1944
MONTH DAY YEAR

NON-RESIDENT

3. PLACE OF DEATH:

A) COUNTY Shelby CIVIL DISTRICT 5th

B) CITY OR TOWN Memphis
(IF OUTSIDE CITY LIMITS, WRITE RURAL)C) NAME OF HOSPITAL Methodist Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)

D) LENGTH OF STAY: IN HOSPITAL 7 wks IN COMMUNITY 7 wks

5. RACE OR COLOR W

6. SEX F

7. SINGLE, MARRIED, WIDOWED, DIVORCED Widowed

8. AGE

65 YEARS

5 MONTHS

0 DAYS

IF LESS THAN ONE DAY
HRS. MINS.

9. DATE OF BIRTH:

MONTH Jan

DAY 14

YEAR 1879

10. PLACE OF BIRTH: CITY OR COUNTY

Tennessee

STATE OR COUNTRY

Tennessee

11. HUSBAND OR WIFE OF

E J Moore

AGE OF HUSBAND OR WIFE, IF LIVING Deceased YEARS

12. IF VETERAN

NAME OF WAR

X

SOCIAL SECURITY NUMBER

X

13. USUAL OCCUPATION

Housewife

14. INDUSTRY OR BUSINESS

Home

FATHER

15. FULL NAME J S Taylor

BIRTHPLACE CITY OR COUNTY

X

STATE OR COUNTRY

Tenn

MOTHER

16. MAIDEN NAME Louiza Green

BIRTHPLACE CITY OR COUNTY

X

STATE OR COUNTRY

Tenn

17. INFORMANT Family

ADDRESS Bruceton Tenn

18. BURIAL, REMOVAL OR CREMATION

Removal

DATE 6-16

1944

CEMETERY Bruceton

PLACE Tenn

19. UNDERTAKER Cosmopolitan Funeral Home

ADDRESS 1900 Union Ave BY B. J.

DATE FILED

6-21-1944 L.M. Brown

REGISTRAR HEALTH DEPT.

by Pauline W. Arnett, Deputy

4. LEGAL RESIDENCE:

A) STATE Tenn

B) COUNTY

C) CITY OR TOWN Bruceton

D) STREET NO. XX

E) CITIZEN OF FOREIGN COUNTRY

IF YES, NAME COUNTRY

A) STATE Tenn

CIVIL DISTRICT

C) CITY OR TOWN Bruceton

(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)

D) STREET NO. XX

E) CITIZEN OF FOREIGN COUNTRY X (YES OR NO)

IF YES, NAME COUNTRY X

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM

4-30

1944

TO 6-14

1944

AND THAT I LAST SAW HER ALIVE ON 6-14 1944

AND THAT DEATH OCCURRED ON THE DATE STATED AT 7:30 A.M.

IMMEDIATE CAUSE OF DEATH:

Cardiac & respiratory failure

DURATION

56B

DUE TO: Acute pyelonephritis with urinary suppression

127A

OTHER CONDITIONS

(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

OPERATIONS: yes FINDINGS: Fibroid

uterus, diverticulitis

AUTOPSY? no

FINDINGS: cholecystitis

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

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

D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?

WHILE AT WORK

MEANS OF INJURY

SIGNATURE

J. H. Hendrix

ADDRESS

1265 Union

DATE SIGNED 6/14/44

M.D.