CERTIFICATE OF DEATH # 10971

8086

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

REG. NO. 1551
REG. DIST. NO. 801

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

1. FULL NAME: James Samuel Rice (FIRST MIDDLE LAST) — 57d — 2. DATE OF DEATH: May 16, 1942 (MONTH DAY YEAR)

3. PLACE OF DEATH:
A) COUNTY: Shelby — CIVIL DISTRICT: 5
B) CITY OR TOWN: Memphis (IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL: 401 Walker Ave (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: IN HOSPITAL No IN COMMUNITY

4. LEGAL RESIDENCE:
A) STATE: Tenn
B) COUNTY: Shelby — CIVIL DISTRICT: 5
C) CITY OR TOWN: Memphis (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO.: 401 Walker Ave
E) CITIZEN OF FOREIGN COUNTRY: No (YES OR NO)
IF YES, NAME COUNTRY:

5. RACE OR COLOR: W — 6. SEX: M — 7. SINGLE, MARRIED, WIDOWED, DIVORCED:

8. AGE: 59 YEARS 10 MONTHS 3 DAYS — IF LESS THAN ONE DAY: HRS. MINS.

9. DATE OF BIRTH: MONTH Friday DAY 13 YEAR 1882

10. PLACE OF BIRTH: CITY OR COUNTY Covington — STATE OR COUNTRY Tenn

11. HUSBAND OR WIFE OF: Mrs James S. Rice
AGE OF HUSBAND OR WIFE, IF LIVING: Not obtainable

12. IF VETERAN NAME OF WAR: None — SOCIAL SECURITY NUMBER: No.

13. USUAL OCCUPATION: Traveling Engineer

14. INDUSTRY OR BUSINESS:

FATHER
15. FULL NAME: James Rice
BIRTHPLACE: CITY OR COUNTY Covington — STATE OR COUNTRY Tenn

MOTHER
16. MAIDEN NAME: Edith E. Gafforth
BIRTHPLACE: CITY OR COUNTY Covington — STATE OR COUNTRY Tenn

17. INFORMANT: Mrs James S Rice
ADDRESS: 401 Walker Ave

18. BURIAL, REMOVAL OR CREMATION: Burial — DATE: May 17, 1942
CEMETERY: Forest Hill — PLACE: Memphis, Tenn

19. UNDERTAKER: National Funeral Home
ADDRESS: Memphis, Tenn — BY: E H Sullivan

DATE FILED: V-23 19 42 — M. Graves — REGISTRAR

RECEIVED JUN 15 1942 SHELBY COUNTY HEALTH DEPT.

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 13 1932 TO May 16 1942
AND THAT I LAST SAW HIM ALIVE ON 1942
AND THAT DEATH OCCURRED ON THE DATE STATED AT 5:30 A.M.

IMMEDIATE CAUSE OF DEATH: Hypostatic Pneumonia Bilateral — DURATION: Terminal duration 10 days

DUE TO: Tumor of Brain

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

OPERATION? V FINDINGS V 57D

AUTOPSY? no FINDINGS III C

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 (CITY COUNTY STATE)
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?
WHILE AT WORK — MEANS OF INJURY V

SIGNATURE: James S. Owens M.D.
ADDRESS: 565 E. Vogue — DATE SIGNED: 5/20/42