

# CERTIFICATE OF DEATH

20018

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

REG. NO. 2895  
 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.

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.

944

1. FULL NAME Leggie Williams 2. DATE OF DEATH Aug 26 1946

3. PLACE OF DEATH: Shelby CIVIL DISTRICT 5

A) COUNTY Shelby CIVIL DISTRICT 5

B) CITY OR TOWN Memphis (IF OUTSIDE CITY LIMITS, WRITE RURAL)

C) NAME OF HOSPITAL John Gaston (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)

D) LENGTH OF STAY: IN HOSPITAL 3 days IN COMMUNITY 12 yrs

5. RACE OR COLOR W 6. SEX F 7. SINGLE, (MARRIED), WIDOWED, DIVORCED M

8. AGE 66 YEARS MONTHS 0 DAYS 7 IF LESS THAN ONE DAY HRS. MINS.

9. DATE OF BIRTH: MONTH Aug DAY 19 YEAR 1880

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

11. HUSBAND OR WIFE OF James H. Williams AGE OF HUSBAND OR WIFE, IF LIVING YEARS

12. IF VETERAN NAME OF WAR SOCIAL SECURITY NUMBER

13. USUAL OCCUPATION Housewife

14. INDUSTRY OR BUSINESS 44499

MOTHER / FATHER

15. FULL NAME Joel Butler BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Tenn

16. MAIDEN NAME Cynthia Robinson BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Tenn

17. INFORMANT Comeller ADDRESS John Gaston Hospital

18. BURIAL, REMOVAL OR CREMATION Removal DATE 8-28 1946 CEMETERY Oak Grove PLACE Buena Vista Tenn

19. UNDERTAKER National General Home ADDRESS Memphis, Tenn. BY M. Schmechel

DATE FILED 9-13-1946 L.M. Braves REGISTRAR Deputy Registrar

4. USUAL RESIDENCE Shelby A) STATE Tenn CIVIL DISTRICT 5

B) COUNTY Shelby CIVIL DISTRICT 5

C) CITY OR TOWN Memphis (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)

D) STREET NO. 580 McKinley

E) CITIZEN OF FOREIGN COUNTRY (YES OR NO) IF YES, NAME COUNTRY

MEDICAL CERTIFICATION

20. HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 23 1946 TO Aug 26 1946 AND THAT I LAST SAW HER ALIVE ON Aug 26 1946 AND THAT DEATH OCCURRED ON THE DATE STATED AT 7:30 P.M.

IMMEDIATE CAUSE OF DEATH: Intestinal obstruction DURATION 122 B

DUE TO: pelvic mass type undetermined

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

OPERATION? yes FINDINGS above

AUTOPSY? no FINDINGS

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

SIGNATURE an strecker M.D.

ADDRESS DATE SIGNED 9-9-46

9/23/46