Size 8½ x 7¼

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Form V. S. No. 4

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

4318

1. PLACE OF DEATH

County Shelby 85 86 789

Civil Dis. ......

or Village ...... Registration District No. ...... File No. ......

Primary Registration District No. 28005 Reg. No. 623

City Memphis, Tenn. No. BAPTIST HOSPITAL St.; ...... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ...... yrs. ...... mos. ...... ds. How long in U. S. if of foreign birth? ...... yrs. ...... mos. ...... ds.

2. FULL NAME Richard Dixon David 130 NON RESIDENT

(a) Residence: No. Covington, Tenn. St., ... Ward.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH
3. SEX: male	4. COLOR OR RACE: white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single	21. DATE OF DEATH (month, day, and year) 2-16, 1935

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) ......

7. AGE: Years 7 | Months ...... | Days ...... | If LESS than 1 day, ... hrs. or ...... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ......

11. Total time (years) spent in this occupation ......

12. BIRTHPLACE (city or town) Covington (State or country) Tennessee

FATHER

13. NAME Dr. Jos. P. David

14. BIRTHPLACE (city or town) Tipton Co. (State or country) Tennessee

MOTHER

15. MAIDEN NAME Betty Dixon

16. BIRTHPLACE (city or town) Haywood Co. (State or country) Tennessee

17. INFORMANT Richard Covington (Address) Covington, Tenn

18. BURIAL, CREMATION, OR REMOVAL Place Covington, Tenn. Date 2-16, 1935

19. UNDERTAKER Maley Funeral Home (Address) Covington, Tenn.

20. FILED 2-18, 1935 A. M. Graves Registrar.

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1935, to 2-16, 1935

I last saw him alive on 2-16, 1935, death is said to have occurred on the date stated above, at 8:35 a.m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of onset

Septicemia, Streptococcus Haemolyticus

898

Contributory causes of importance not related to principal cause:

Mastoiditis - double

Osteomyelitis left knee

Pericarditis.

Name of operation ...... Date of ......

What test confirmed diagnosis? ...... Was there an autopsy? ......

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...... Date of injury ...... 19......

Where did injury occur? ......

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ......

Nature of injury ......

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ......

(Signed) E. C. Mitchell M. D.

(Address) 1073 Madison Ave.