0924
to
7990

CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH — STATE OF TENNESSEE — DIVISION OF VITAL STATISTICS

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

BIRTH NO. _____ DEATH NO. 50-09951

1. NAME Mrs. Susie Young Boyd (FIRST MIDDLE LAST)

2. DATE OF DEATH May 6 1950 (MONTH DAY YEAR)

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH (MONTH DAY YEAR)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	IF UNDER 1 YR. DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MINS.
White	Female	Widowed	Aug. 20 1871	78				

8. PLACE OF DEATH

A. COUNTY Carroll B. CIVIL DISTRICT 24

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Rural

D. LENGTH OF STAY IN THIS PLACE:

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location): Westport, Tenn. Route I

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)

A. STATE Tenn. B. COUNTY Shelby C. CIVIL DISTRICT

D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Memphis

E. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1467 DePass Road

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. SOCIAL SECURITY NUMBER:

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN: No — IF YES, GIVE WAR AND DATES OF SERVICE:

13. BIRTHPLACE (State or Foreign Country): Humphreys Co. Tenn.

14. CITIZEN OF WHAT COUNTRY?

15. FATHER'S NAME: Henry O'Donnilley

16. MOTHER'S MAIDEN NAME: Merrit Young

17. INFORMANT — ADDRESS: T.J. O'Donnilley, Memphis, Tenn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

(A) Coronary Thrombosis 904.9 — Instant

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) Hypertension + Atherosclerosis 420.1 — 4 years

DUE TO (C) Fracture of femur — 8 mos

2. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: _____

19B. MAJOR FINDINGS OF OPERATION: _____

20A. AUTOPSY YES ☐ NO ☐

20B. FINDINGS AT AUTOPSY: _____

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY): _____

21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Bldg., etc.): _____

21C. PLACE OF INJURY — CITY, TOWN OR RURAL — COUNTY — STATE: _____

21D. TIME OF INJURY — MONTH DAY YEAR HOUR: _____

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

RECEIVED
JUN 8
STATE HEALTH DEPT.

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE: Roy A Dooley M.D. ☑ OTHER (SPECIFY) _____ ADDRESS: Huntingdon DATE: May 10 1950

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)	23B. DATE OF BURIAL, CREMATION, OR REMOVAL	23C. NAME OF Cemetery or Crematory	23D. LOCATION CITY, TOWN OR COUNTY / STATE
Burial	May 7 1950	Oak Grove	Carroll Co. Tenn.

24. FUNERAL DIRECTOR — ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Alexander-Wray Jackson, Tenn.	40924	5-11-50	Mary Frances Coleman, Dy.