506

506

23

7902
78
7991
BIRTH NO. 420.1

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STA[redacted]
STATE OF TENNESSEE
DEATH NO. 57[redacted]

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORONER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE OF DEATH.

DO NOT GIVE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. GIVE THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - PUBLIC HEALTH SERVICE

FORM 120

1. NAME: SWEETY (FIRST) BYRD (MIDDLE) BOYD (LAST) — 2. DATE OF DEATH: 10/16/57 (MONTH DAY YEAR)

3. COLOR OR RACE: W — 4. SEX: F — 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed — 6. DATE OF BIRTH: 1-25 1877 — 7. AGE (IN YEARS LAST BIRTHDAY): 79 — IF UNDER 1 YR.: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MINS.

8. PLACE OF DEATH
A. COUNTY: SHELBY — B. CIVIL DISTRICT: #2
C. CITY OR TOWN: RURAL — D. LENGTH OF STAY IN THIS PLACE:
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): SHELBY COUNTY HOSPITAL — F. INSIDE CITY LIMITS? NO ☒

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: MEMPHIS — E. INSIDE CITY LIMITS? 031 YES ☒ NO ☐
F. STREET ADDRESS (OR LOCATION): 198 S. Cox — G. IS RESIDENCE ON A FARM? YES ☐ NO ☒

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. SOCIAL SECURITY NUMBER:
12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN: IF YES, GIVE WAR OR DATES OF SERVICE:

13. BIRTHPLACE (State or Foreign Country): Miss
14. CITIZEN OF WHAT COUNTRY? U.S.A.
15. NAME OF HUSBAND OR WIFE:

16. FATHER'S NAME: John E. Brown
17. MOTHER'S MAIDEN NAME: Martha Ann Stubblefield
18. INFORMANT: William E. Brown — ADDRESS: 3806 Poplar

William G.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

19. CAUSE OF DEATH (Enter only one cause per line for (A), (B), (C))

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): CORONARY THROMBOSIS — 334
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last
DUE TO (B): CEREBRAL SCLEROSIS — 420
DUE TO (C): GENERALIZED ARTERIOSCLEROSIS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

20. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19):
21C. TIME OF INJURY: HOUR A.M. P.M. MO. DAY YR.: OCT 21 1957
21D. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.):
21F. PLACE OF INJURY: CITY, TOWN OR RURAL: STATE HEALTH DEPT — COUNTY — STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: M. E. Leake — M.D. ☒ D.O. ☐ OTHER (SPECIFY):
ADDRESS:
DATE:

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) — 23B. DATE OF BURIAL, CREMATION, OR REMOVAL: 10-16-57 — 23C. NAME OF Cemetery or Crematory: Sunset — 23D. LOCATION CITY, TOWN OR COUNTY STATE: Arkabutla, Miss.

24. FUNERAL DIRECTOR — ADDRESS: C. O. Pate - Senatobia, Miss — 25. REGISTRATION DIST. NO.: 792 — 26. DATE SIGNED BY LOCAL REG.: OCT 16 1957 — 27. REGISTRAR'S SIGNATURE: L. M. Brandon By Elsie Lackey Deputy