

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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN MUST ATTEND TO SIGNIFICATION. OFFICER IF INCOMPLETE MEDICAL SIGNATURE DELEGATED

1. NAME **Robert Wyley Bracken** 2. DATE OF DEATH **Jan. 21, 1953**

3. COLOR OR RACE **White** 4. SEX **Male** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** 6. DATE OF BIRTH **Feb. 25, 1892** 7. AGE (IN YEARS) **60** IF UNDER 1 YR. MONTHS **10** DAYS **26** IF UNDER 24 HRS. HOURS MIN.

8. PLACE OF DEATH A. COUNTY **Madison** B. CIVIL DISTRICT **5th** B. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE **Tenn.** B. COUNTY **Madison** C. CIVIL DISTRICT **5**

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Jackson** D. LENGTH OF STAY IN THIS PLACE **12 Yrs.** D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Jackson**

E. NAME OF HOSPITAL (If not in Hospital or Institution, Give Street Address and Location) **Jackson-Madison Co. General Hospital** E. STREET (IF RURAL, GIVE LOCATION) ADDRESS **Christmasville Road**

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) **Telegraph Operator N.C. Railroad 365 506** 10B. KIND OF BUSINESS OR INDUSTRY **N.C. Railroad** 11. SOCIAL SECURITY NUMBER **720-18-0075**

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN **No** 13. BIRTHPLACE (State or Foreign Country) **Buena Vista, Tenn.** 14. CITIZEN OF WHAT COUNTRY? **U.S.A.**

15. FATHER'S NAME **Unknown Buck Braken** 16. MOTHER'S MAIDEN NAME **Unknown Caroline Nole** 17. INFORMANT ADDRESS **Mrs. Robert W. Bracken, Jackson, Tenn.**

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (A) **Obtuse coronary occlusion** ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) DUE TO (B) **Congestive heart failure, arteriosclerosis** DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH **Hypertension, cyphosis of spine**

INTERVAL BETWEEN ONSET AND DEATH **420.1** **581.0**

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION FILED 2-26 1953 P. BY W.B.N.

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, Build'g, etc.) 21C. PLACE OF INJURY CITY, TOWN OR RURAL **JACKSON** STATE

21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE  NOT WHILE  AT WORK AT WORK 21F. HOW DID INJURY OCCUR? **FEB 10 1953**

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE **Storvis Shelton, M.D.** M.D.  OTHER (SPECIFY) ADDRESS **SIMPSON CENTER ARCADE JACKSON, TENN.** STATE HEALTH DEPT. DATE **26 JAN 53**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **Jan. 23, 1953** 23C. NAME OF Cemetery or Crematory **Hollywood** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Jackson, Tenn.**

24. FUNERAL DIRECTOR ADDRESS **Smith Funeral Home, Jackson, Tenn.** 25. REGISTRATION DIST. NO. **225705** 26. DATE SIGNED BY **FEB 4 1953** 27. REGISTRAR'S SIGNATURE **Marvin M. Daniels**

CAUSE OF DEATH. ENTER ONLY ONE CAUSE PER LINE FOR A. B. C. \* THIS DOES NOT MEAN MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS 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.