1987

CERTIFICATE OF DEATH 13442

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

REG. NO. 1339 -
REG. DIST. NO. 2101

1987 (Mary)

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.

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.

FORM 104

1. FULL NAME Marie Catherine Hildebrand (FIRST MIDDLE LAST) 2. DATE OF DEATH June 3, 1940 (MONTH DAY YEAR)

3. PLACE OF DEATH:
A) COUNTY Davidson CIVIL DISTRICT 1st
B) CITY OR TOWN Nashville, Tenn. (IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL 712 Gallatin Road (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: IN HOSPITAL IN COMMUNITY 80 yrs

4. LEGAL RESIDENCE:
A) STATE Tennessee
B) COUNTY Davidson CIVIL DISTRICT 1st
C) CITY OR TOWN Nashville, Tenn. (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. 712 Gallatin, Road
IF FOREIGN BORN HOW LONG IN U.S.A. YRS.

5. RACE OR COLOR W
6. SEX F
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED~~

8. AGE 87 YEARS 7 MONTHS 13 DAYS IF LESS THAN ONE DAY HRS. MINS.

9. DATE OF BIRTH: MONTH Oct. DAY 20 YEAR 1852

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

11. HUSBAND OR WIFE OF Jacob Hildebrand
AGE OF HUSBAND OR WIFE, IF LIVING YEARS

12. IF VETERAN NAME OF WAR | SOCIAL SECURITY NUMBER

13. USUAL OCCUPATION At Home

14. INDUSTRY OR BUSINESS

FATHER
15. FULL NAME Joseph Ludwig Sona
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Germany

MOTHER
16. MAIDEN NAME Dorthea Bontly
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Switzerland

17. INFORMANT Miss. Elizabeth Hildebrand
ADDRESS 712 Gallatin, Road

18. BURIAL, REMOVAL OR CREMATION Burial DATE 6/5 1940
CEMETERY Mt. Olivet PLACE Nashville, Tenn.

19. UNDERTAKER Roesch-Charlton Co.
ADDRESS Nashville, Tenn. BY F. E. Preston

DATE FILED June 5 1940 J. W. Ellis REGISTRAR

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 17 1930 TO June 3 1940
AND THAT I LAST SAW HER ALIVE ON June 3 1940
AND THAT DEATH OCCURRED ON THE DATE STATED AT 4:15 P.M.

IMMEDIATE CAUSE OF DEATH: DURATION

a. Influenza. HB — 6 wk
b. Pneumonia. — 1 wk
DUE TO a. Pleurisy & Senile Debility of age — Nov 1939

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

OPERATION? FINDINGS 33B

AUTOPSY? FINDINGS 132

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

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 F. E. Preston M.D.
ADDRESS 706 Church St DATE SIGNED