

CERTIFICATE OF DEATH

18784

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

0267 COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

REG. NO.

REG. DIST. NO.

20207

1. FULL NAME Mrs. Mary Ruberta Louisa Jane Hairston DATE OF DEATH Sept. 23, 1948
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:

A) COUNTY Bedford CIVIL DISTRICT 7th.
 B) CITY OR TOWN Shelbyville
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
 C) NAME OF HOSPITAL 208 N. Spring St.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
 D) LENGTH OF STAY: IN HOSPITAL --- IN COMMUNITY 37yrs.

4. LEGAL RESIDENCE: A) STATE Tenn.
 B) COUNTY Bedford CIVIL DISTRICT 7th.
 C) CITY OR TOWN Shelbyville
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
 D) STREET NO. 208 N. Spring St.,
 E) CITIZEN OF FOREIGN COUNTRY No (YES OR NO)
 IF YES, NAME COUNTRY -----

5. RACE OR COLOR Wh. 6. SEX Female 7. ~~XXXXXXXXXX~~ WIDOWED, ~~XXXXXXXXXX~~

8. AGE 77 10 4 IF LESS THAN ONE DAY
YEARS MONTHS DAYS --- HRS. --- MINS.

9. DATE OF BIRTH: MONTH Nov. DAY 19, YEAR 1870

10. PLACE OF BIRTH: ~~XXXXX~~ COUNTY Bedford STATE OR ~~XXXXX~~ Tenn.

11. HUSBAND OR WIFE OF Ed J. Hairston
 AGE OF HUSBAND OR WIFE, IF LIVING ----- YEARS

12. IF VETERAN SOCIAL SECURITY NUMBER
 NAME OF WAR ----- -----

13. USUAL OCCUPATION At Home

14. INDUSTRY OR BUSINESS Domestic

FATHER 15. FULL NAME William Nance
 BIRTHPLACE ~~XXXXX~~ COUNTY Bedford STATE OR ~~XXXXX~~ Tenn.

MOTHER 16. MAIDEN NAME Mattie Sutton
 BIRTHPLACE ~~XXXXX~~ COUNTY Bedford STATE OR ~~XXXXX~~ Tenn.

17. INFORMANT Mrs. Arthur Phillips
 ADDRESS Rt. # 6, Shelbyville, Tenn.

18. BURIAL, REMOVAL OR CREMATION Burial DATE Sept. 25, 48
 CEMETERY Willow Mount PLACE Shelbyville

19. UNDERTAKER Caleb M. Thompson
 ADDRESS Shelbyville, Tenn.

DATE FILED Sept. 30 1948 A. C. Morgan, M.D. REGISTRAR
D. Templeton, Dep.

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 10, 19 48 TO Sept. 23, 19 48
 AND THAT I LAST SAW HIM er ALIVE ON Sept. 23, 19 48
 AND THAT DEATH OCCURRED ON THE DATE STATED AT 11:55 P.M.

IMMEDIATE CAUSE OF DEATH: Myocarditis DURATION 2 mos.

DUE TO: _____

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____

OPERATION? no FINDINGS _____

AUTOPSY? no FINDINGS _____

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 T. R. Ray M.D.
 ADDRESS Shelbyville, Tenn. DATE SIGNED 9/25/48

PHYSICIAN
 UNDERLINE
 CAUSE TO
 WHICH DEATH
 SHOULD BE
 CHARGED
 STATISTICALLY

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