

# CERTIFICATE OF DEATH

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

REG. NO.	119
REG. DIST. NO.	

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY  
USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

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.

1. FULL NAME <u>EUGENE F. DALTON</u>			2. DATE OF DEATH <u>JAN. 12, 19 46</u>		
<small>(FIRST MIDDLE LAST)</small>			<small>MONTH DAY YEAR</small>		
3. PLACE OF DEATH:					
A) COUNTY <u>Shelby</u>		CIVIL DISTRICT _____			
B) CITY OR TOWN <u>Memphis</u>		<small>(IF OUTSIDE CITY LIMITS, WRITE RURAL)</small>			
C) NAME OF HOSPITAL <u>McLemore Clinic</u>					
<small>(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)</small>					
D) LENGTH OF STAY: IN HOSPITAL <u>12 days</u> IN COMMUNITY <u>25 yrs</u>					
5. RACE OR COLOR <u>W</u>		6. SEX <u>M</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>Married</u>	
8. AGE <u>51</u> YEARS		<u>5</u> MONTHS		<u>3</u> DAYS	
				IF LESS THAN ONE DAY HRS. _____ MINS. _____	
9. DATE OF BIRTH: MONTH <u>August</u> DAY <u>9</u> YEAR <u>1894</u>					
10. PLACE OF BIRTH: CITY OR COUNTY <u>McComb</u>			STATE OR COUNTRY <u>Miss.</u>		
11. HUSBAND OR WIFE OF <u>Mrs. Ethel Dalton</u>					
<small>AGE OF HUSBAND OR WIFE, IF LIVING YEARS</small>					
12. IF VETERAN NAME OF WAR _____			SOCIAL SECURITY NUMBER _____		
13. USUAL OCCUPATION <u>Barber</u>					
14. INDUSTRY OR BUSINESS _____					
15. FULL NAME <u>A.A. Dalton</u>					
BIRTHPLACE CITY OR COUNTY _____		STATE OR COUNTRY _____			
16. MAIDEN NAME <u>Mollie Whittington</u>					
BIRTHPLACE CITY OR COUNTY _____		STATE OR COUNTRY <u>Miss.</u>			
17. INFORMANT <u>Mrs. Ethel Dalton</u>					
ADDRESS <u>1479 Walker Ave.</u>					
18. BURIAL, REMOVAL OR CREMATION <u>Burial</u> DATE <u>Jan. 14, 1946</u>					
CEMETERY <u>Forest Hill</u> PLACE _____					
19. UNDERTAKER <u>National Funeral Home</u>					
ADDRESS <u>Memphis, Tennessee</u> <u>M.L.</u>					
DATE FILED <u>1-14-</u> 19 <u>46</u> <i>L.M. Hoover</i>					
<small>REGISTRAR</small>					
4. USUAL RESIDENCE: A) STATE <u>Tenn.</u>					
B) COUNTY <u>Shelby</u> CIVIL DISTRICT _____					
C) CITY OR TOWN <u>Memphis</u>					
<small>(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)</small>					
D) STREET NO. <u>1479 Walker</u>					
E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)					
IF YES, NAME COUNTRY _____					
<b>MEDICAL CERTIFICATION</b>					
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Dec. 24, 19 45</u> TO <u>Jan. 12, 19 46</u>					
AND THAT I LAST SAW HIM ALIVE ON <u>Jan. 12, 19 46</u>					
AND THAT DEATH OCCURRED ON THE DATE STATED AT <u>5:10 A.</u>					
IMMEDIATE CAUSE OF DEATH: <u>Coronary occlusion.</u>					DURATION <u>1 hr.</u>
DUE TO: <u>Pancreatitis, hemorrhagic</u>					<u>1 mo.</u>
OTHER CONDITIONS <u>Malnutrition.</u>					
<small>(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)</small>					
OPERATION? <u>Yes</u> FINDINGS: <u>Pancreatitis</u>					
<u>1-10-46</u>					
AUTOPSY? <u>No.</u> 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 _____					
<small>CITY COUNTY STATE</small>					
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____					
WHILE AT WORK _____ MEANS OF INJURY _____					
SIGNATURE <u>William T. Satterfield</u> M.D.					
ADDRESS _____ DATE SIGNED <u>1-12-46</u>					