

344

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

3659

BIRTH NO.

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

1. NAME

Jackson Bowers Gandy Sr.

2. DATE OF DEATH

Sept. 17, 1954

3. COLOR OR RACE

White

4. SEX

Male

5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)

Married

6. DATE OF BIRTH

1-27-1902

7. AGE (IN YEARS LAST BIRTHDAY)

52

IF UNDER 1 YR.

IF UNDER 24 HRS.

MONTHS

DAYS

HOURS

MINS.

8. PLACE OF DEATH

A. COUNTY

Shelby

B. CIVIL DISTRICT

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Memphis

D. LENGTH OF STAY IN THIS PLACE

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 (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Memphis

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location)

2144 Vollentine

E. STREET (IF RURAL, GIVE LOCATION) ADDRESS

2144 Vollentine

0-07

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)

Manager Plumbing Dept.

10B. KIND OF BUSINESS OR INDUSTRY

Sears and Roebuck

11. SOCIAL SECURITY NUMBER

12. WAS DECEASED EVER IN U.S. ARMED FORCES?

SPECIFY, YES, NO, UNKNOWN

IF YES, GIVE WAR AND DATES OF SERVICE

13. BIRTHPLACE (State or Foreign Country)

Ellisville, Miss.

14. CITIZEN OF WHAT COUNTRY?

15. FATHER'S NAME

J. Van Gandy

16. MOTHER'S MAIDEN NAME

Jettie Hutson

17. INFORMANT

Mrs. Annie Gandy

ADDRESS

2144 Vollentine

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

(A)

Cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3 mos.

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

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

COUNTY

STATE

21D. TIME OF INJURY

MONTH DAY YEAR HOUR

21E. INJURY OCCURRED

WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE

M.D.

OTHER

(SPECIFY)

ADDRESS

DATE

E. G. Campbell, M.D.

Memphis, Tenn.

9-18-54

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23B. DATE OF BURIAL, CREMATION, OR REMOVAL

9-19-1954

23C. NAME OF Cemetery or Crematory

Memorial Park

23D. LOCATION CITY, TOWN OR COUNTY

Memphis, Tenn.

STATE

24. FUNERAL DIRECTOR

ADDRESS

National Funeral Home

Memphis

25. REGISTRATION DIST. NO.

26. DATE SIGNED BY LOCAL REG.

SEP 28 1954

27. REGISTRAR'S SIGNATURE

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN IN ATTENDANCE, HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD) MUST COMPLETE AND SIGN MEDICAL CERTIFICATION. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE OF DEATH. ENTER ONLY ONE CAUSE PER LINE FOR A. B. C. * THIS DOES NOT MEAN MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, 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 ENTRIES ARE TO BE COMPLETE AND ACCURATE.