

STATE OF TENNESSEE

BIRTH NO. _____

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO. _____

3107

1. NAME **Mary Alma Dalton** 2. DATE OF DEATH **Sept. 9, 1949**

FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **White** 4. SEX **Female** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Widowed** 6. DATE OF BIRTH **4/4/1864** 7. AGE (IN YEARS LAST BIRTHDAY) **85** 8. IF UNDER 1 YR. MONTHS DAYS 9. IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)

A. COUNTY **Shelby** B. CIVIL DISTRICT **Tenn.** A. STATE **Tenn.** B. COUNTY **Shelby** C. CIVIL DISTRICT

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Memphis** D. LENGTH OF STAY IN THIS PLACE **3 das.** D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Memphis**

E. NAME OF HOSPITAL (If not in Hospital or Institution, Give Street Address and Location) **John Gaston Hospital** E. STREET (IF RURAL, GIVE LOCATION) ADDRESS **655 Regent**

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) **Domestic** 10B. KIND OF BUSINESS OR INDUSTRY 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) **MoComb, Miss.** 14. CITIZEN OF WHAT COUNTRY? **USA**

15. FATHER'S NAME **Henry Whittington** 16. MOTHER'S MAIDEN NAME **Victoria Jordan** 17. INFORMANT ADDRESS **J. E. Siler, John Gaston Hospital**

MEDICAL CERTIFICATION

18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **(A) Cerebral thrombosis.**

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) **DUE TO (B) Arteriosclerosis.**

STATING THE UNDERLYING CAUSE LAST.

DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH **Pulmonary infarcts.**

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A. AUTOPSY YES NO 20B. FINDINGS AT AUTOPSY **As above.**

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 **Alva B. Weir, Jr., M.D.** M.D. OTHER (SPECIFY) **/** ADDRESS **John Gaston Hospital** DATE **9/9/1949**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **9/10/1949** 23C. NAME OF Cemetery or Crematory **Forest Hill** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Memphis, Tenn.**

24. FUNERAL DIRECTOR ADDRESS **National Funeral Home, Memphis, Tenn.** 25. REGISTRATION DIST. NO. 26. DATE SIGNED BY LOCAL REG. **9/20/1949** 27. REGISTRAR'S SIGNATURE **L.H. B. [Signature]**

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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN IN ATTENDANCE, HEALTH OFFICER (OR CORONER, IF IN QUEST 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 ITEMS ARE TO BE COMPLETE AND ACCURATE.