

STATE OF TENNESSEE

BIRTH NO. _____

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO. _____

1. NAME **John Calvin Black** 2. DATE OF DEATH **April 1, 1949**
FIRST MIDDLE LAST MONTH DAY YEAR3. COLOR OR RACE **White** 4. SEX **Male** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Divorced** 6. DATE OF BIRTH **10/18/1907** 7. AGE (IN YEARS LAST BIRTHDAY) **41** 8. IF UNDER 1 YR. MONTHS DAYS 9. IF UNDER 24 HRS. HOURS MINS.8. PLACE OF DEATH
A. COUNTY **Shelby** B. CIVIL DISTRICT _____ 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) **N.R.**
A. STATE **Tenn.** B. COUNTY **Tipton** C. CIVIL DISTRICT _____C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Memphis** D. LENGTH OF STAY IN THIS PLACE **Life** D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Brighton**E. NAME OF HOSPITAL (If not in Hospital or Institution, Give Street Address and Location) **St. Joseph's** E. STREET (IF RURAL, GIVE LOCATION) ADDRESS _____10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) **Farmer** 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) **Tennessee** 14. CITIZEN OF WHAT COUNTRY? _____15. FATHER'S NAME **W. D. Black** 16. MOTHER'S MAIDEN NAME **Lutishia Hays** 17. INFORMANT ADDRESS **Mrs. Thomas Faught, Brighton, Tenn.**

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **Cerebral contusion** (A) **12 hrs.**
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. **Depressed fracture, occipital region.** 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 (SPECIFY) **Accident** 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, Build'g, etc.) **near Brighton, Tenn.** 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE **Rural Tipton, Tenn.**21D. TIME OF INJURY **April 1, 1949** 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR? **Not known**22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE **Evelyn B. Ogle, M. D.** M.D. OTHER (SPECIFY) _____ ADDRESS **St. Joseph's Hospital** DATE **4/1/1949**23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **4/3/1949** 23C. NAME OF Cemetery or Crematory **Munford** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Covington, Tenn.**24. FUNERAL DIRECTOR ADDRESS **Maley Funeral Home, Covington, Tenn.** 25. REGISTRATION DIST. NO. _____ 26. DATE SIGNED BY LOCAL REG. **4/1/1949** 27. REGISTRAR'S 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 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 ITEMS ARE TO BE COMPLETE AND ACCURATE.

Deceased was run over by train. Was found on railroad track at
7:15 AM April 1, 1949, near Brighton, (Tipton Co), Tennessee.

St. Joseph's Hospital
Record Room