

STATE OF TENNESSEE

BIRTH NO.

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO.

1. NAME Mrs. Ellen Hutchinson Townsend 2. DATE OF DEATH Oct. 17, 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 9/8/1859 7. AGE (IN YEARS LAST BIRTHDAY) 90 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 Shelby 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 Life 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) Covington Pike Road, (Residence) E. STREET (IF RURAL, GIVE LOCATION) ADDRESS Covington Pike

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) At home 10B. KIND OF BUSINESS OR INDUSTRY 11. SOCIAL SECURITY NUMBER

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN 13. BIRTHPLACE (State or Foreign Country) Shelby, Tenn. 14. CITIZEN OF WHAT COUNTRY? USA

IF YES, GIVE WAR AND DATES OF SERVICE

15. FATHER'S NAME David Hutchinson 16. MOTHER'S MAIDEN NAME Sarah Goss 17. INFORMANT ADDRESS Mrs. W. M. Allen, Covington Pike

MEDICAL CERTIFICATION

18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Myocardial infarction. 8 hrs.

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Coronary sclerosis. Indef.

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 J. A. McQuiston, M.D. M.D. OTHER (SPECIFY) ADDRESS Memphis, Tennessee DATE 10/18/1949

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL 10/18/1949 23C. NAME OF Cemetery or Crematory Mt. Pisgah 23D. LOCATION CITY, TOWN OR COUNTY STATE Ellendale, Tennessee

24. FUNERAL DIRECTOR ADDRESS National Funeral Home, Memphis, Tenn. 25. REGISTRATION DIST. NO. 26. DATE SIGNED BY LOCAL REG. 10/21/1949 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.