

FORM NO. 51

PUBLIC HEALTH SERVICE

STATE OF MISSISSIPPI

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY DeSoto		2. USUAL RESIDENCE a. STATE Tenn.		b. COUNTY Shelby	
b. CITY, TOWN, OR LOCATION Hernando		c. LENGTH OF STAY IN 15		c. CITY, TOWN, OR LOCATION Memphis	
4. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		4. STREET ADDRESS 3587 Lamar			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		d. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE IN A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Johnny Middle Smith Last Smith			4. DATE OF DEATH Month 11 Day 27 Year 1966		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/14/14	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR: Months 11 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (State or foreign country) Alabama	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Josh Smith		14. MOTHER'S MAIDEN NAME Bridgett McAlley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (For, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Miss Nellie Smith - Same	
18. CAUSE OF DEATH [Enter only one cause per (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) D. O. A. - (Found dead)					INTERVAL BETWEEN GASET AND DEATH
Conditions, if any, which gave rise to above cause (a), setting the underlying cause last. DUE TO (b) Natural causes					
DUE TO (c) Coronary thrombosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 11 Month 11 Day 27 Year 1966 a. m. 11 p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) DOA		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from DOA to DOA and last saw her/him alive on DOA . Death occurred at DOA m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M. Wadsworth (Degree or title)		22b. ADDRESS Memphis		22c. DATE SIGNED 5 Dec 66	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12/17/66	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) (State) Nashville, Tenn.		
24. FUNERAL DIRECTOR ADDRESS Memphis Funeral Home - Memphis, Tenn.		25. DATE RECD. BY LOCAL REG.		25. REGISTRAR'S SIGNATURE	

Revised 1-1-56

44-1987-Sub E-9640

SEARCHED _____ INDEXED **h**
 SERIALIZED **h** FILED **h**
 MAY 24 1968
 FBI - MEMPHIS
 Boyle RB

This is to certify that the above is a true and correct copy of the original certificate.
 Memphis Funeral Home
 Subscribed and sworn to before me this **17** day of **Dec** 19 **66**

MY COMMISSION EXPIRES JULY 14, 1969

Ronan

Mary J. ... Notary Public