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DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH DIVISION OF VITAL STATISTICS  
STATE OF TENNESSEE  
OPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO. 55- [redacted]

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXCUTED 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, ASPIRATION, 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.

1. NAME: Mrs. Amelia R. Willman  
 2. DATE OF DEATH: 8/7/55  
 3. COLOR OR RACE: W  
 4. SEX: F  
 5. SINGLE MARRIED WIDOWED: WIDOW  
 6. PLACE OF DEATH: Shelby  
 7. AGE: 49  
 8. USUAL RESIDENCE OF DECEASED: Memphis  
 9. STATE: Tennesse COUNTY: Shelby  
 10. USUAL OCCUPATION: Home  
 11. SOCIAL SECURITY NUMBER: 020  
 12. WAS DECEASED EVER IN U.S. ARMED FORCES? UNKNOWN  
 13. BIRTHPLACE: Ky.  
 14. CITIZEN OF WHAT COUNTRY? USA  
 15. FATHER'S NAME: Christian Roemer  
 16. MOTHER'S MAIDEN NAME: Amelia (Unkn)  
 17. INFORMANT: Mrs. Mary E. Darley  
 18. ADDRESS: 5392 Brantford Rd.  
 19. CAUSE OF DEATH: (a) Cerebral Hemorrhage  
 (b) Hypertension  
 20. DATE OF OPERATION: [blank]  
 21. PLACE OF INJURY: [blank]  
 22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE  
 SIGNATURE: Chas. G. Bond  
 ADDRESS: 188 S. Bellview  
 DATE: 8/9/55  
 23. NAME OF FUNERAL HOME: Forest Hill  
 ADDRESS: Memphis, Tenn.  
 24. FUNERAL DIRECTOR: National Funeral Home - Memphis  
 25. REGISTRATION DIST. NO.: 791  
 26. DATE SIGNED BY: AUG 11 1955  
 27. REGISTRAR'S SIGNATURE: [Signature]