

1397

# CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

REG. NO. 1347

REG. DIST. NO.

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY  
USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE WITH A PHOTOSTAT.

1. FULL NAME <u>Walter B. McLean</u>		2. DATE OF DEATH <u>April 20, 1945</u>	
<small>(FIRST MIDDLE LAST)</small>		<small>MONTH DAY YEAR</small>	
3. PLACE OF DEATH:			
A) COUNTY <u>Shelby</u> CIVIL DISTRICT _____		4. USUAL RESIDENCE: A) STATE <u>Tenn.</u>	
B) CITY OR TOWN <u>Memphis</u>		B) COUNTY <u>Shelby</u> CIVIL DISTRICT _____	
<small>(IF OUTSIDE CITY LIMITS, WRITE RURAL)</small>		C) CITY OR TOWN <u>Memphis</u>	
C) NAME OF HOSPITAL <u>944 Peabody Ave.</u>		<small>(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)</small>	
<small>(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)</small>		D) STREET NO. <u>944 Peabody Ave.</u>	
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY <u>Life</u>		E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)	
		IF YES, NAME COUNTRY <u>18-2</u>	
<b>MEDICAL CERTIFICATION</b>			
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>March 18, 1945</u> TO <u>April 20, 1945</u>			
AND THAT I LAST SAW HIM ALIVE ON <u>April 20, 1945</u>			
AND THAT DEATH OCCURRED ON THE DATE STATED AT <u>5:25A.M.</u>			
IMMEDIATE CAUSE OF DEATH:			DURATION
<u>Carcinoma of Colon</u>			<u>4 mos</u>
DUE TO: <u>Carcinoma of Colon</u>			
OTHER CONDITIONS _____ <small>(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)</small>			
OPERATION? _____ FINDINGS _____			PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY
AUTOPSY? _____ FINDINGS _____			
21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:			
A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____			
B) DATE OF OCCURRENCE _____			
C) WHERE DID INJURY OCCUR _____			
<small>CITY COUNTY STATE</small>			
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____			
WHILE AT WORK _____		MEANS OF INJURY _____	
SIGNATURE <u>H. G. Gardner</u>		M.D.	
ADDRESS _____		DATE SIGNED <u>4-20-45</u>	
5. RACE OR COLOR <u>White</u>		6. SEX <u>Male</u>	
8. AGE <u>79</u> YEARS MONTHS _____ DAYS _____ HRS. _____ MINS. _____		7. SINGLE, MARRIED, WIDOWED, DIVORCED <input checked="" type="checkbox"/>	
9. DATE OF BIRTH: MONTH <u>July</u> DAY <u>21,</u> YEAR <u>1865</u>			
10. PLACE OF BIRTH: CITY OR COUNTY <u>Midland</u> STATE OR COUNTRY <u>Tennessee</u>			
11. HUSBAND OR WIFE OF <u>Bama Falkner McLean</u>			
AGE OF HUSBAND OR WIFE, IF LIVING <u>?</u> YEARS			
12. IF VETERAN NAME OF WAR _____		SOCIAL SECURITY NUMBER _____	
13. USUAL OCCUPATION <u>Director</u>			
14. INDUSTRY OR BUSINESS <u>Wm. R. Moore Dry Goods</u>			
FATHER	15. FULL NAME <u>A.H. McLean</u>		
	BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY <u>Tenn.</u>		
MOTHER	16. MAIDEN NAME <u>Martha Moore</u>		
	BIRTHPLACE CITY OR COUNTY _____ STATE OR COUNTRY <u>Tenn.</u>		
17. INFORMANT <u>Mrs. Walter B. McLean</u>			
ADDRESS <u>944 Peabody Ave. Memphis, Tenn.</u>			
18. BURIAL, REMOVAL OR CREMATION <u>Burial</u> DATE <u>4-21-45</u> 19__			
CEMETERY <u>Elmwood</u> PLACE <u>Memphis, Tenn.</u>			
19. UNDERTAKER <u>J. T. Hinton and Son</u>			
ADDRESS <u>Memphis, Tenn.</u> BY <u>Fred A. Carney</u>			
DATE FILED <u>4-21</u> 19 <u>45</u>			
REGISTRAR			