

BIRTH NO.

DEATH NO.

64-15534

1. NAME FIRST MIDDLE LAST E. Harley Boss		2. DATE OF DEATH MONTH DAY YEAR May 15, 1964	
3. COLOR OR RACE W	4. SEX M	5. SINGLE, MARRIED, WIDOWED, DIVORCED, SEPARATED (SPECIFY) MARRIED	6. DATE MONTH DAY YEAR OF BIRTH Nov. 19, 1909
7. AGE (IN YEARS) LAST BIRTHDAY 54		8. USUAL RESIDENCE OF DECEASED (When Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Dav. C. CIVIL DISTRICT	9. USUAL RESIDENCE OF DECEASED (When Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Dav. C. CIVIL DISTRICT
10. PLACE OF DEATH A. COUNTY Davidson B. CIVIL DISTRICT		11. USUAL RESIDENCE OF DECEASED (When Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Dav. C. CIVIL DISTRICT	
12. CITY OR TOWN Nashville		13. CITY OR TOWN Nashville	
14. LENGTH OF STAY IN THIS PLACE 30 YRS.		15. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
16. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address of Residence) 928 Robertson Academy		17. STREET ADDRESS (OR LOCATION) 928 Robertson Academy Rd	
18. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19. SOCIAL SECURITY NUMBER	
20. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, If Not Retired) Owner		21. KIND OF BUSINESS OR INDUSTRY Insurance Agt.	
22. BIRTHPLACE (State or Foreign Country) Fodge, La.		23. CITIZEN OF WHAT COUNTRY? USA	
24. NAME OF HUSBAND OR WIFE Ruby Stidham Boss		25. INFORMANT Mrs. Harley Boss, Nashville, Tenn.	
26. FATHER'S NAME Jefferson B. Boss		27. MOTHER'S MAIDEN NAME Sarah Cox	
MEDICAL CERTIFICATION Enter only one cause per line for (A), (B), (C)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) 421			434
Conditions, if any, which gave rise to above cause (specifying the underlying cause last) DUE TO (B) DUE TO (C)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)			20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 16) F.C.B. (ATF) (M)	
21C. TIME OF INJURY HOUR MO. DAY YR. P.M.		21D. PLACE OF INJURY (If on Road, Home, Farm, Factory, Street, Office Building, etc.) F.C.B. (ATF) (M)	
21E. PLACE OF INJURY (If on Road, Home, Farm, Factory, Street, Office Building, etc.) AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE	
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE M.D. CHAM D.O. OTHER (SPECIFY) DATE 5-1-64			
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23B. DATE OF BURIAL, CREMATION, OR REMOVAL May 16, 1964	
23C. NAME OF (Cemetery or Crematory) Mt. Olivet		23D. LOCATION CITY, TOWN OR COUNTY STATE Nashville, Tenn.	
24. FUNERAL DIRECTOR ADDRESS FINLEY LOUIS & CHAPLTON CO. NASHVILLE, TENN.		25. REGISTRATION DIST. NO. 21961	
26. DATE SIGNED BY LOCAL REG. 6-19-64		27. REGISTRAR'S SIGNATURE Deputy Registrar	

Nov. 19, 1909

HODGE, LA.

RUBY STIDHAM BOSS

JEFFERSON B. BOSS  
SARAH COX