

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH

FILE NO.

68-010456

DIVISION OF VITAL STATISTICS

PERMA-ACK INK.

CEASED

RESIDENCE DECREASED IF DEATH OCCURRED IN OTHER CITY, TOWN, OR VILLAGE.

CAUSE

MEDICAL RECORD COMPLETE. CERTIFY HOURS. BE CAN.

CERTIFIER AUTHORIZED BY

TRIFIER

TRIAL

BIRTH NO.		DECEASED — NAME		DATE OF DEATH (MONTH, DAY, YEAR)	
1. THOMAS		DAVIS BRIDGES		2. April 19, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		SEX		DATE OF BIRTH (MONTH, DAY, YEAR)	
3. White		4. Male		6. December 28, 1906	
COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN CITY, GIVE STREET AND NUMBER)	
7a. Davidson		7b. Nashville		7c. yes 7d. Park View Hospital	
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED	
8. Tenn.		9. U.S.A.		10. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 373-10-7554		13a. Professional Ball Player		13b. Sports	
RESIDENCE — STATE		COUNTY		CITY, TOWN, OR LOCATION	
14a. Tenn.		14b. Davidson		14c. Nashville	
INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER		14d. yes 14e. 2016 Terrace Place	
FATHER — NAME		MOTHER — MAIDEN NAME		INFORMANT — NAME	
15a. Dr. Joseph G. Bridges		15b. Flossie Davis		15c. Mrs. Mary B. Cross	
MAILING ADDRESS		2904 McNairy Ln Nashville, Tenn.			
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) Carcinoma of Liver				5 Weeks	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (O), STATING THE UNDERLYING CAUSE LAST		(c)		14	
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)		AUTOPSY — YES OR NO		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
21a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOURS	
22a. INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION	
23a. PHYSICIAN — CERTIFICATION		SIGNATURE		DEGREE	
I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.					
21b. MEDICAL EXAMINER — CERTIFICATION		SIGNATURE		TITLE	
ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.					
22b. CERTIFIER — NAME (TYPE OR PRINT)		MAILING ADDRESS — STREET OR R.F.D. NO.		CITY OR TOWN	
23b. Dr. Ralph Massie		24b. 2001 Glen Echo Rd.		Nashville, Tenn. 37215	
BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE (MONTH, DAY, YEAR)		CEMETERY OR CREMATORY — NAME	
24a. Burial		24b. 4-21-68		24c. Ridgewood	
FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		REGISTRAR — SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. Bass Funeral Home—Carthage, Tenn. 37030		26a. [Signature]		26b. 4-26-68	