

CERTIFICATE OF DEATH

21551

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

REG. NO. 871
REG. DIST. NO. 19107

1907
1907

1. FULL NAME Charles Alvin Embury 2. DATE OF DEATH Oct. 10, 1947
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:

A) COUNTY Davidson CIVIL DISTRICT 7th

B) CITY OR TOWN Belle Meade
(IF OUTSIDE CITY LIMITS, WRITE RURAL)

C) NAME OF HOSPITAL Pembroke Ave.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)

D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY 30 Yr.

4. USUAL RESIDENCE A) STATE Tenn.
 B) COUNTY Davidson CIVIL DISTRICT 7th
 C) CITY OR TOWN Belle Meade
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
 D) STREET NO. Pembroke Ave.
 E) CITIZEN OF FOREIGN COUNTRY No (YES OR NO)
 IF YES, NAME COUNTRY _____

5. RACE OR COLOR W. 6. SEX M. 7. SINGLE, MARRIED, WIDOWED, DIVORCED

8. AGE 46 YEARS 1 MONTHS 23 DAYS IF LESS THAN ONE DAY
HRS. MINS.

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM January 7, 1946 TO Oct 10, 1947
 AND THAT I LAST SAW HIM ALIVE ON Oct 9, 1947
 AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.

9. DATE OF BIRTH: MONTH Aug. DAY 17 YEAR 1901

IMMEDIATE CAUSE OF DEATH: Chronic Tuberculosis DURATION 4 yrs

10. PLACE OF BIRTH: STATE OR COUNTY Mo. STATE OR COUNTRY Tenn.

11. HUSBAND OR WIFE OF Mrs. Harmon Dunlap Embury
 AGE OF HUSBAND OR WIFE, IF LIVING 44 YEARS

DUE TO: _____

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____

12. IF VETERAN NAME OF WAR No SOCIAL SECURITY NUMBER No

OPERATION? _____ FINDINGS _____

13. USUAL OCCUPATION Attorney 92693

AUTOPSY? _____ FINDINGS _____

14. INDUSTRY OR BUSINESS General Practice

15. FULL NAME Willey B. Embury

BIRTHPLACE STATE OR COUNTRY Mo. Tenn.

16. MAIDEN NAME Alma Williamson

BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Wakefield Va.

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

17. INFORMANT Mrs. Thomas Ridley
 ADDRESS 2817 Beauford Ave.

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

18. BURIAL, REMOVAL OR CREMATION Burial DATE 10-13-47
 CEMETERY Mt. Olivet PLACE Nashville

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____

19. UNDERTAKER Martin's
 ADDRESS 2021 West End Ave. BY NOV 1 1947

B) DATE OF OCCURRENCE _____

DATE FILED 10-20-47 10/20/47

C) WHERE DID INJURY OCCUR _____
CITY COUNTY STATE

INDUSTRIAL PLACE, IN PUBLIC PLACE? _____

WHILE AT WORK MEANS OF INJURY _____

SIGNATURE [Signature] M.D.
 ADDRESS [Address] DATE SIGNED 10/16/47