

BIRTH NO.

1. NAME **Charles S. Shields** 2. DATE OF DEATH **Aug. 27, 1953**

FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **W** 4. SEX **M** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Single** 6. DATE OF BIRTH **Dec. 10, 1879 - 73** 7. AGE (IN YEARS LAST BIRTHDAY) **73** 8. IF UNDER 1 YR. MONTHS DAYS 9. IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)

A. COUNTY **Shelby** B. CIVIL DISTRICT **Shelby** A. STATE **Tenn.** B. COUNTY **Shelby** C. CIVIL DISTRICT **Shelby**

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Memphis** D. LENGTH OF STAY IN THIS PLACE **40 Yrs** D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Memphis**

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, State Location) **Elevator Operator** E. STREET (IF RURAL, GIVE LOCATION) ADDRESS **231 A Winchester**

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) **Elevator Operator** 10B. KIND OF BUSINESS OR INDUSTRY **-** 11. SOCIAL SECURITY NUMBER **-**

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN IF YES, GIVE WAR AND DATES OF SERVICE **Tennessee** 13. BIRTHPLACE (State or Foreign Country) **Tennessee** 14. CITIZEN OF WHAT COUNTRY? **U.S.A.**

15. FATHER'S NAME **W. E. Shields** 16. MOTHER'S MAIDEN NAME **Ellen N. Roberts** 17. INFORMANT ADDRESS **Mrs. J. M. Ryan, 231 A Winchester**

18. CAUSE OF DEATH MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **(A) adenocarcinoma of liver 156.1 Unknown**

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A. AUTOPSY YES NO 20B. FINDINGS AT AUTOPSY

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office/Build'g, etc.) 21C. PLACE OF INJURY (CITY, TOWN OR RURAL) COUNTY STATE

21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR? **RECORDED OCT 14 1953**

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE **S. J. Nemer** M.D. OTHER (SPECIFY) ADDRESS **432 Alabama** STATE HEALTH DEPT. DATE **9/4/53**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **Aug. 29, 1953** 23C. NAME OF Cemetery or Crematory **Elmwood** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Memphis, Tenn.**

24. FUNERAL DIRECTOR ADDRESS **Thompson Brothers Mortuary** 25. REGISTRATION DIST. NO. **791** 26. DATE SIGNED BY LOCAL REG. **SEP 8 1953** 27. REGISTRAR'S SIGNATURE **L. M. ...**

257 Adams Ave. Memphis, Tenn. By **John Lacey** Deputy