

BIRTH NO. 3604 STATE OF TENNESSEE COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO. 51-229631. NAME John Herman DeBerry 2. DATE OF DEATH Sept. 10, 1951  
FIRST MIDDLE LAST MONTH DAY YEAR3. COLOR OR RACE White 4. SEX Male 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 6. DATE OF BIRTH Dec. 29, 1895 7. AGE (IN YEARS LAST BIRTHDAY) 57 8. IF UNDER 1 YR. MONTHS DAYS 9. IF UNDER 24 HRS. HOURS MINS.B. PLACE OF DEATH A. COUNTY Hardin B. CIVIL DISTRICT 4 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Hardin C. CIVIL DISTRICT 4  
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Savannah D. LENGTH OF STAY IN THIS PLACE Life D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) SavannahE. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) 1012 College St., Savannah, Tenn. E. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1012 College St.10A. NAME OF OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Baseball Player & Scout 10B. KIND OF BUSINESS OR INDUSTRY New York Giants 11. SOCIAL SECURITY NUMBER 409-09-391812. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes 13. BIRTHPLACE (State or Foreign Country) Tenn. 14. CITIZEN OF WHAT COUNTRY? U.S.A.15. FATHER'S NAME Jno. Wilson DeBerry-Cora 16. MOTHER'S MAIDEN NAME Belle Bennett 17. INFORMANT Mrs. Una Mae DeBerry ADDRESS SavannahMEDICAL CERTIFICATION  
18. CAUSE OF DEATH  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (A) Myocardial Infarction  
ANTECEDENT CAUSES Hardly any heart trouble  
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 CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH19A. 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, Hotel, 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? HEAVEN22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE  
SIGNATURE [Signature] M.D.  OTHER (SPECIFY) PHYSICIAN ADDRESS Savannah, Tenn. DATE 10/6/5123A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL Sept. 12, 1951 23C. NAME OF Cemetery or Crematory Savannah 23D. LOCATION CITY, TOWN OR COUNTY STATE Hardin Co. Tenn.24. FUNERAL DIRECTOR Shackelford's, Savannah, Tenn. ADDRESS 25. REGISTRATION DISTRICT #2604 26. DATE SIGNED BY REGISTRAR 10-6-51 SIGNATURE Charles P. DeBerry