

1. NAME George King Murray 2. DATE OF DEATH 10-18-55
 FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE W. M. 4. SEX M. 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 6. DATE OF BIRTH 9-23-03 7. AGE (IN YEARS LAST BIRTHDAY) 52 8. IF UNDER 1 YR. MONTHS DAYS 9. IF UNDER 24 HRS. HOURS MINS.

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

A. COUNTY Shelby B. CIVIL DISTRICT Memphis A. STATE Tenn. B. COUNTY Shelby C. CIVIL DISTRICT Memphis
 C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Memphis D. LENGTH OF STAY IN THIS PLACE Memphis D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) 1433 Vance E. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1433 Vance

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Photo-Dept 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 13. BIRTHPLACE (State or Foreign Country) Charlotte, N.C. 14. CITIZEN OF WHAT COUNTRY? U.S.A.

15. FATHER'S NAME Wm. R. Murray 16. MOTHER'S MAIDEN NAME Mary Lee 17. INFORMANT ADDRESS Memphis, Tenn. 1433 Vance Ave

16. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 5 minutes

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) 420.1

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

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION NOV 3 1955 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, 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?

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE J. M. Beck M.D. OTHER (SPECIFY) ADDRESS 188 S. Bellevue DATE 10/20/55

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal 23B. DATE OF BURIAL, CREMATION, OR REMOVAL 10-20-55 23C. NAME OF Cemetery or Crematory Oakwood (Brownsville) Tenn. 23D. LOCATION CITY, TOWN OR COUNTY STATE

24. FUNERAL DIRECTOR ADDRESS NATIONAL FUNERAL HOME 25. REGISTRATION DIST. NO. 798 26. DATE SIGNED BY LOCAL REG. OCT 24 1955 27. REGISTRAR'S SIGNATURE L. M. Vance