

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

COPY

County Shelby 210
Civil Dis. _____
Village _____
City Memphis Registration District No. _____
Primary Registration District No. _____
No. Baptist Hospital St.; _____ Ward) _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

File No. 3520
Reg. No. 187

2. FULL NAME MARK STEWART
(a) Residence: No. 1755 York St., _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Mary Colner Stewart</u>			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
	<u>42</u>		
If LESS than 1 day, _____ hrs. or _____ min.			
8. Trade, profession, or particular kind of work done, as spinner, Bldg. Contractor, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Tenn</u>			
13. NAME <u>J.L. Stewart</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Tenn</u>			
15. MAIDEN NAME <u>Kate Blake</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Tenn</u>			
17. INFORMANT <u>Mrs. Mary C. Stewart</u> (Address)			
18. BURIAL, CREMATION, OR REMOVAL Place <u>1755 York</u> <u>Paris, Tenn</u> Date <u>1-17</u> 19 <u>32</u>			
19. UNDERTAKER <u>Spenser Sturley Co</u> (Address)			
20. FILED _____ 19 _____ <u>L.M. L...</u>			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>Jan. 17</u> , 19 <u>32</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>1-16</u> , 19 <u>32</u> , to <u>1-17</u> , 19 <u>32</u> . I last saw him alive on <u>1-17</u> , 19 <u>32</u> . death is said to have occurred on the date stated above, at <u>1:05 A.M.</u>	
The principal cause of death and related causes of importance in order of onset were as follows:	
<u>Contusion of brain. Fracture skull base. Laceration wounds multiple. Fracture left fibia and tibia.</u>	
Contributory causes of importance not related to principal cause: <u>Pedestrian struck by auto - at Hillsett & Central - in city</u>	
Name of operation _____	Date of _____
What test confirmed diagnosis? <u>X-ray</u>	Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>accident</u> Date of injury <u>1-16</u> , 19 <u>32</u> Where did injury occur? <u>Memphs, Tenn</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>On street</u>	
Manner of injury <u>Autemobile accident</u>	
Nature of injury <u>Struck by car</u>	
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____	
(Signed) <u>R. E. Semmes</u> , M. D. (Address) _____	

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.