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DEPARTMENT OF PUBLIC HEALTH

## CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

50-28863

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BIRTH NO. 0003		1. NAME John C. Pollard		2. DATE OF DEATH Dec. 16, 1950	
3. COLOR OR RACE White		4. SEX Male		5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
6. DATE OF BIRTH 12-26-03		7. AGE (IN YEARS LAST BIRTHDAY) 46		8. PLACE OF DEATH A. COUNTY Shelby C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Memphis - Rural	
9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE Ark. B. COUNTY Woodruff C. CIVIL DISTRICT		10. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Merchant		11. SOCIAL SECURITY NUMBER 432 28 8195	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN Yes		13. BIRTHPLACE (State or Foreign Country) Corinth, Mississippi		14. CITIZEN OF WHAT COUNTRY? U. S.	
15. FATHER'S NAME Henry Pollard		16. MOTHER'S MAIDEN NAME Mary Trollenger		17. INFORMANT ADDRESS VA Hospital records	
MEDICAL CERTIFICATION					
18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Brain tumor, glioblastoma, multiforme, left temporal lobe. 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Bldg, etc.)		21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE JAN 1 2 1951	
21D. TIME OF INJURY MONTH DAY YEAR HOUR		21E. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? STATE HEALTH	
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE M. G. C. Manning, Jr. M.D. OTHER (SPECIFY) ADDRESS VAMC, Kennedy Hospital DATE 12-16-50					
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		23B. DATE OF BURIAL, CREMATION, OR REMOVAL 12-16-50		23C. NAME OF Cemetery or Crematory Bald Knob, Arkansas	
24. FUNERAL DIRECTOR ADDRESS Cosmopolitan Funeral Home Memphis, Tennessee		25. REGISTRATION DIST. NO. 792		26. DATE SIGNED BY DEC 20 1950	
27. REGISTRAR'S SIGNATURE L. M. Branes					

By L. M. Branes Deputy