RUSH

08812

BOOK 7772 PAGE 194

This instrument prepared by:
Brendan Bradley, Attorney
4610 Camellia Place
Nashville, TN 37216
(615) 227-5092

FEB 14 12 01 PM '89

AFFIDAVIT OF HEIRSHIP

Curley Ridley, being duly sworn, says that he resides at 1273 Lewis Street in Metropolitan Nashville and Davidson County, Tennessee. He further states that he is eighty-six (86) years old; that he is a retired employee of Marshall and Bruce Company; that he knows of his own personal knowledge that his father was Wallace Ridley who died on the 11th day of November, 1947; that he mother was Minnie Ridley and that she died on the 15th day of January 1948; that his sister Beulah Ridley was killed on the 13th day of August 1934 and that she never married nor had any issue born to her; that his sister Maggie Hampton died on the 14th day of June 1983, that she was a widow at the time of her death and had no issue born to her. He further states that he and his two sisters were the only children born to his parents.

Affiant states that he is the only living heir of his mother and father, that they were the named owners of the property at 1273 Lewis Street and that he desires that this property be placed in his name alone on the tax rolls and that all notices be mailed to him at the property address.

Attached hereto are the death certificates of Wallace Ridley, Minnie Ridley, Beulah Ridley and Maggie Hampton.

Further, affiant saith naught.

Curley Ridley
CURLEY RIDLEY

BRENDAN BRADLEY NOTARY PUBLIC

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, a notary public in and for the state and county aforesaid, the within named Curley Ridley, personally known to me, and who executed the foregoing Affidavit of Heirship as his free act and deed for the purposes therein contained on this the 14th day of February, 1989.

Brendan Bradley
NOTARY PUBLIC

My Commission expires:

1-21-90

7037 02/14 0101 03CHECK 15.00

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STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219-5402

I hereby certify the below to be a true and correct copy of the official document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and Environment and red imprinted signature of the State Registrar are affixed.

Paula Taylor
Paula Taylor
State Registrar

Paula Taylor
STATE REGISTRAR

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

83-018505

BIRTH NO. _____ STATE FILE NO

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Maggie Hampton
2. DATE OF DEATH (MONTH, DAY, YEAR): June 14, 1983
3a. AGE—LAST BIRTHDAY (YEARS): 86
3b. UNDER 1 YEAR (MOS / DAYS)
3c. UNDER 1 DAY (HOURS / MIN)
4. DATE OF BIRTH (MONTH, DAY, YEAR): 4-14-1897
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): Black
6. WAS DECEASED OF HISPANIC ORIGIN? (SPECIFY MEXICAN, PUERTO RICAN, CUBAN, SOUTH OR CENTRAL AMERICAN, OTHER HISPANIC, NO): ITALIAN, GERMAN, ETC. SPECIFY
7. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Vanderbilt Hosp
7e. IF HOSP OR INST, INDICATE DOA, OR WAS PT. INPATIENT, SPECIFY: Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12a. SOCIAL SECURITY NUMBER: [redacted]713
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE):
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Domestic
13b. KIND OF BUSINESS OR INDUSTRY: W. Cohn. Furniture Co
14. RESIDENCE—STATE: Tennessee
15. COUNTY: Davidson
16. CITY, TOWN, OR LOCATION: Nashville
17. STREET AND NUMBER: 1509-4th Ave So
18. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
19. CENSUS TRACT NO:
20. FATHER—NAME: Wallace Ridley
21. MOTHER—MAIDEN NAME: Minnie King
22. INFORMANT—NAME: Mary Boyd
23. MAILING ADDRESS: 1509-4th Ave So
24a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
24b. DATE (MONTH, DAY, YEAR): 6-21-83
24c. CEMETERY OR CREMATORY—NAME: Greenwood
24d. LOCATION—CITY OR TOWN, STATE: Nashville Tenn
25. FUNERAL DIRECTOR (SIGNATURE):
25a. LICENSE NO: 2107
26. EMBALMER (SIGNATURE):
26a. LICENSE NO: 2453
27. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Hughes F.H. Nash Tennessee
28. REGISTRAR—SIGNATURE: Luther D. Groh
28a. DATE RECEIVED BY LOCAL REGISTRAR: 6-29-83
29a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: James R. Snapper MD ! DEGREE
29b. DATE SIGNED (MONTH, DAY, YEAR):
30a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE
30b. DATE SIGNED (MONTH, DAY, YEAR):
31a. CERTIFIER—NAME (TYPE OR PRINT): James R. Snapper, M. D.
31b. MAILING ADDRESS (STREET OR R.F.D. NO, CITY OR TOWN, STATE, ZIP): Nashville, Tennessee

32. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Aspiration Pneumonia	3days
DUE TO, OR AS A CONSEQUENCE OF (b)	Chronic Debilitation	3years
DUE TO, OR AS A CONSEQUENCE OF (c)		

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Acute Renal Failure (3days)

33. AUTOPSY (YES OR NO): NO

34a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
34b. DATE OF INJURY (MONTH, DAY, YEAR)
34c. HOUR
34d. DESCRIBE HOW INJURY OCCURRED
34e. INJURY AT WORK (SPECIFY YES OR NO)
34f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)
34g. LOCATION—STREET OR R.F.D. NO, CITY OR TOWN, STATE

[redacted]

RECORDER'S MEMO:
Legibility of Writing, Typing or Printing in This Document Unsatisfactory When Received.

[redacted]

MARGIN RESERVED FOR BINDING

Form V. S. No. 4

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.

Size 8½ x 7½

1. PLACE OF DEATH

County Davidson 87 57 1287 4187

Civil Dis. 1

or Village

or City Nashville Tenn. No. [redacted] Main Gun Shot St.; [redacted] 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 [redacted] yrs. [redacted] mos. [redacted] ds. How long in U. S. if of foreign birth? [redacted] yrs. [redacted] mos. [redacted] ds.

2. FULL NAME Beulah Ridley

(a) Residence: No. [redacted] 12 East Hill St., [redacted] Ward.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): X 1902

7. AGE: Years 32 | Months X | Days X | If LESS than 1 day, [redacted] hrs. or [redacted] min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PARENTS

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Wallace Ridley

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. [redacted]

16. [redacted]

17. INFO[redacted]

18. B[redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 13 1934

22. I was present at the death of the above-named person from 1925 to Aug 13 1934

I last saw h[redacted] alive on Aug 10 1934

to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance in order of exact were as follows:

	Date of onset
Gun shot Wound Chest	

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Contributory causes of importance not related to principal cause: 124

Name of operation [redacted] Date of [redacted]

What test confirmed diagnosis? [redacted] Was there an autopsy? Bullet removed

23. If death was due to external [redacted] (violence) fill in also the following:

Accident, suicide, or homicide? [redacted] Date of injury [redacted] 19[redacted]

Where did injury occur? E. Hill St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Across St from home

Manner of [redacted]

Nature of injury [redacted]

24. Was disease or injury in any way related to occupation of deceased? [redacted]

If so, [redacted]

(Signed) Frank J Hornick M. D.

[redacted]

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH 21901

No. 17587

File No. 184

Registration District No. [redacted]

Primary Registration District No. [redacted]

Reg. No. [redacted]

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Document

TENNESSEE STATE
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TYPE RECORD
PAGE
BOOK
ROLL NO.
COUNTY

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STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219-5402

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Paula Taylor

Paula Taylor
State Registrar

Paula Taylor
STATE REGISTRAR

329

CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

1911

REG. NO. 235
REG. DIST. NO. 21901

1. FULL NAME Minnie (FIRST) Ridley (MIDDLE) (LAST) 2. DATE OF DEATH Jan (MONTH) 15 (DAY) 1948 (YEAR)

PLACE OF DEATH:
COUNTY Davidson CIVIL DISTRICT 1
CITY OR TOWN Nashville (IF OUTSIDE CITY LIMITS, WRITE RURAL)
NAME OF HOSPITAL NashGen Hosp (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
LENGTH OF STAY: IN HOSPITAL IN COMMUNITY 46 yrs

4. USUAL RESIDENCE
A) STATE Tenn
B) COUNTY Davidson CIVIL DISTRICT 1
C) CITY OR TOWN Nashville (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. 1273 Lewis St
E) CITIZEN OF FOREIGN COUNTRY No (YES OR NO)
IF YES, NAME COUNTRY

RACE OR COLOR	6. SEX	7. SINGLE, MARRIED, WIDOWED, DIVORCED	IF LESS THAN ONE DAY
R Negro	female		
47 YEARS	11 MONTHS	13 DAYS	HRS. MINS.

DATE OF BIRTH: MONTH Feb DAY 2 YEAR 1880
PLACE OF BIRTH: CITY OR COUNTY Nolensville STATE OR COUNTRY Tenn
HUSBAND OR WIFE OF
AGE OF HUSBAND OR WIFE, IF LIVING YEARS
IF VETERAN NAME OF WAR
SOCIAL SECURITY NUMBER None
USUAL OCCUPATION Housekeeper
INDUSTRY OR BUSINESS Home
NAME Joe King
BIRTHPLACE CITY OR COUNTY Nolensville STATE OR COUNTRY Tenn
MAIDEN NAME Effie Wilson
BIRTHPLACE CITY OR COUNTY Nolensville STATE OR COUNTRY Tenn
INFORMANT Mrs. Jennie Hampton
ADDRESS 1273 Lewis St Nashville Tenn
BURIAL, REMOVAL OR CREMATION Burial DATE Jan 19 1948
CEMETERY Greenwood PLACE Nash. Tenn
UNDERTAKER Patton Bros
ADDRESS 419-8th Ave So BY G.B. Patton
FILED 2-5-1948 J.W. Ellis REGISTRAR

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-28 1947 TO 1-15 1948
AND THAT I LAST SAW HER ALIVE ON 1-15 1948
AND THAT DEATH OCCURRED ON THE DATE STATED AT 6 P.M.
IMMEDIATE CAUSE OF DEATH: DURATION
Acute Collapse
Atrophy of Liver 10 days
DUE TO:
OTHER CONDITIONS None (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)
OPERATION No FINDINGS
AUTOPSY? No FINDINGS

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY)
B) DATE OF OCCURRENCE
C) WHERE DID INJURY OCCUR (CITY COUNTY STATE)
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?
WHILE AT WORK MEANS OF INJURY
SIGNATURE Kenneth S. Read M.D.
ADDRESS 416 Professional Bldg DATE SIGNED 1-18-48.

[redacted]

REGISTRAR'S REMARKS
Legibility of Writing, Typing or Printing on This Document Unsatisfactory When Received

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STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219-5402

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Paula Taylor

Paula Taylor
State Registrar

Paula Taylor
STATE REGISTRAR

23675

CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

REG. NO. 2273
REG. DIST. NO. 21111

1. FULL NAME Wallace (FIRST) Ridley (MIDDLE) (LAST) 2. DATE OF DEATH Nov (MONTH) 11 (DAY) 1947 (YEAR)

PLACE OF DEATH:
a) COUNTY Davidson CIVIL DISTRICT 1
b) CITY OR TOWN Nashville (IF OUTSIDE CITY LIMITS, WRITE RURAL)
NAME OF HOSPITAL 1273 Lewis St (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
LENGTH OF STAY: IN HOSPITAL IN COMMUNITY 50yr

4. USUAL RESIDENCE
A) STATE Tenn
B) COUNTY Davidson CIVIL DISTRICT 1
C) CITY OR TOWN Nashville (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. 1273 Lewis St
E) CITIZEN OF FOREIGN COUNTRY no (YES OR NO)
IF YES, NAME COUNTRY

5. COLOR OR RACE	6. SEX	7. SINGLE, MARRIED, WIDOWED, DIVORCED
Cld	Male	

8. AGE	YEARS	MONTHS	DAYS	IF LESS THAN ONE DAY HRS.	MINS.
	73	0	27		

9. DATE OF BIRTH: MONTH Oct DAY 14 YEAR 1874
10. PLACE OF BIRTH: CITY OR COUNTY Williamson STATE OR COUNTRY Tenn
11. HUSBAND OR WIFE OF Minnie Redley
AGE OF HUSBAND OR WIFE, IF LIVING 66 YEARS
IF VETERAN NAME OF WAR
SOCIAL SECURITY NUMBER [redacted]-0316
USUAL OCCUPATION Packer in flower mill
INDUSTRY OR BUSINESS
12. FULL NAME Wiley Ridley
BIRTHPLACE CITY OR COUNTY Williamson STATE OR COUNTRY Tenn
13. MAIDEN NAME NOT KNOWN
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY
INFORMANT Maggie Hampton
ADDRESS 1273 Lewis St
BURIAL, REMOVAL OR CREMATION Burial DATE Nov 13 1947
CEMETERY Greenwood PLACE Nashville
UNDERTAKER Patton Bros
ADDRESS 419 8th Ave So BY J.W. Patton
FILED 11-28-1947 J.W. Ellis REGISTRAR

RECEIVED

MEDICAL CERTIFICATION
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-11-1947 TO 11-11 1947
AND THAT I LAST SAW [redacted] ALIVE ON ____ 19__
AND THAT DEATH OCCURRED ON THE DATE STATED AT 5:15 A.M.
IMMEDIATE CAUSE OF DEATH: Coronary Occlusion DURATION Hours
DUE TO:
OTHER CONDITIONS None.
(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)
OPERATION? No FINDINGS
AUTOPSY? No FINDINGS

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY)
B) DATE OF OCCURRENCE
C) WHERE DID INJURY OCCUR CITY COUNTY STATE
DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?
WHILE AT WORK MEANS OF INJURY
SIGNATURE James S. Reed M.D.
ADDRESS 1160 Lenoir DATE SIGNED 11-12-47

[redacted]

RECORDER'S MEMO: Legibility of Writing, Typing or Printing Unsatisfactory in this Document When Received