# LAST WILL AND TESTAMENT

BOOK 8606 PAGE 330

I, TRAVIS LARIMORE TIDWELL, do hereby make and declare this as my last will and testament, viz.:

I hereby give, devise and bequeath all my property of which I may die possessed, both real, personal and mixed, wherever it may be, to my beloved wife, Mrs. Lilly Nixon Tidwell, and appoint her executrix of my will to serve without bond.

03430

IDENTIF. TREFERENCE

APR 21 12 39 PM '92

FELIX Z. WISCH II REGISTER
DAVIDSON COUNTY TN.

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

PICK-UP

2544 04/21 0101 01CASH 6.00

Travis Larimore Tidwell
TESTATOR

Signed and declared by the said TRAVIS LARIMORE TIDWELL the testator, as and for his last will and testament, and we, at his request and in his presence, and in the presence of each other, have hereto subscribed our names as witnesses thereto, this 9th day of April, A.D. 19 92

WITNESSES

**Metropolitan Government of Nashville and Davidson County**

Philip Bredesen, Mayor

**METROPOLITAN HEALTH DEPARTMENT**
**311 23rd AVENUE, NORTH**
**NASHVILLE, TENNESSEE 37203**
**(615) 327-9313**

BOOK 8606 PAGE 331

FEB 13 1992

**This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.**

**This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.**

LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

# CERTIFICATE OF DEATH

STATE FILE NUMBER 9200540

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT For use by physician or institution

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): Travis Larimore Tidwell
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 2-04-1992
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-9678
5a. AGE – LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 9-24-1922
7. BIRTHPLACE (City and State or Foreign Country): Loretta, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Southern Hills Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Lilly Nixon
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Owner
12b. KIND OF BUSINESS/INDUSTRY: Tidwell Printing Co.,Inc.
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 303 Leopole Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No. Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): Thomas Jackson Tidwell
18. MOTHER'S NAME (First, Middle, Maiden Surname): Bessie Green

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Lilly Tidwell
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 303 Leopole Drive, Nashville, Tn 37211

**DISPOSITION**

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [X] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Vanderbilt School of Medicine
20c. LOCATION – City or Town, State: Nashville, Tn
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME
22b. LICENSE NUMBER OF FUNERAL HOME

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): February 13, 1992

**CERTIFIER**

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: Julia Goodin MD
26b. LICENSE NUMBER: 16308
26c. DATE SIGNED (Month, Day, Year): 2/6/92

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Julia Goodin, M.D., 84 Hermitage Avenue, Nashville, Tn 37210

**CAUSE OF DEATH**

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO (OR AS A CONSEQUENCE OF)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b.
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO.

PH-1659
REV. 1/89

202-06-002 (Rev. 10/89)

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