49418
IDENTIFICATION REFERENCE

94 MAY 12 AM 10:56
REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

LAST WILL AND TESTAMENT

OF

LEBERTA RANSON

I, Leberta Ranson, being of sound mind and disposing memory do hereby make, declare and publish this my last will and testament hereby revoking any and all former wills and codicils made heretofore by me.

FIRST: I hereby direct that those in charge of my estate pay all my just debts, including but not limited to, the expense of my last illness and burial expenses, from the first money coming into their hands.

SECOND: I give, will devise and bequeath my real property to my child, Tucker Works Mallard.

THIRD: I give my Victrola, hand cranked, to my child Dorothy Royster.

FOURTH: All the rest, residue and remainder of my property I give, will, devise and bequeath equally to all my children.

FIFTH: I name my children Lois Mallard and Tucker Works Mallard as co-executors without bond.

IN TESTIMONY WHEREOF, i have hereunto set my hand and signed each of the two pages of this my last will and testament, this 10th day of May 1984.

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

Leberta Ranson
TESTATRIX

ATTESTATION CLAUSE

Signed, signified, published, and declared by the testatrix, as and for her last will and testament, in the presence of us, the undersigned attesting witnesses, who, at her request and direction, and in her sight and presence, and in the sight and presence of each other, have hereunto set our hands as such witnesses the day and date above written.

(Signature) Richard Hedgpeth

(Address) 822-57 Duke Dr.
Nashville, Tennessee

WITNESSES:

(Signature) Joyce Jordan

(Address) 802 51st Ave No.
Nashville, Tennessee 37209

5340 05/12 0101 01CASH 12.00

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

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.

MAY 12 1994

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860219

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

DECEASED—NAME (First, Middle, Last)			DATE OF DEATH (Month, Day, Year)
1. Leverta		Ransom	2. 5-12-86

AGE—LAST BIRTHDAY (Years)	UNDER 1 YEAR: Months	Days	UNDER 1 DAY: Hours	Min.	DATE OF BIRTH (Month, Day, Year)	RACE (White, Black, American Indian, etc. (Specify))	ORIGIN OR DESCENT (Italian, German, etc. (Specify))	SEX
3a. 81	3b.		3c.		4. 3-24-1905	5. Black	6. American	7. Female

COUNTY OF DEATH	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (Specify Yes or No)	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.)	If hosp. or inst., Inpatient or DOA, Emergency Room, Dead on Arrival (Specify)
7a. Davidson	7b. Nashville	7c. Yes	7d. 3404 Cocoa Dr.	7e. Residence

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
8. Tennessee	9. USA	10. Widowed	11.

SOCIAL SECURITY NUMBER (Of decedent)	SERVICE IN ARMED FORCES (Specify Yes or No)	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
12a. 411-16-0725	12b.	13a. Housewife	13b. Own Home

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	CENSUS TRACT NO.
14a. Tennessee	14b. Davidson	14c. Nashville	14d. 3404 Cocoa Dr.	14e. Yes	14f.

PARENTS AND INFORMANT

FATHER—NAME	MOTHER—MAIDEN NAME	INFORMANT—NAME	MAILING ADDRESS
15. Thaddius Tucker	16. Idellar Work	17. Helen Mallard	1732 Pecan St.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

BURIAL, CREMATION, REMOVAL, OTHER (Specify)	DATE (Month, Day, Year)	CEMETERY OR CREMATORY—NAME	LOCATION (City or Town, State)
18a. Burial	18b. 5-16-86	18c. National	18d. Madison, Tennessee

FUNERAL DIRECTOR	LICENSE NO.	EMBALMER	LICENSE NO.
19. Marcus H. Gunter	3212	20. Pamela McClure	3874

FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
21. Wm. Gunter and Sons, Nash. Tenn	Esther D. Grohl	21a. May 21, 1986

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

PHYSICIAN—I certify that the death occurred at the time, date, and due to the cause(s) stated. SIGNATURE	DEGREE	DATE SIGNED (Month, Day, Year)
22a.		22b.

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	DATE SIGNED (Month, Day, Year)
23a. T. E. Simpkins M.D.		23b. 5-16-86

CERTIFIER—NAME (Type or print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
24a. T. E. Simpkins, M.D.	24b. 1120 Dickerson Road, Nashville, TN 37207

CAUSE

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death)	(a) Metastatic Carcinoma	
DUE TO, OR AS A CONSEQUENCE OF	(b) Ca Colon + Liver	appx 4 mos.
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	(c)	

PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in PART I (a)) — AUTOPSY (Yes or No): 26. No

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	DATE OF INJURY (Month, Day, Year)	HOUR	DESCRIBE HOW INJURY OCCURRED
27a.	27b.	27c.	27d.

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify))	LOCATION (Street or R.F.D. No., City or Town, State)
27e.	27f.	27g.

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