10/26/94 08:56
10-26-1994 08:53AM FROM TO 8334931 P.01

Prepared by Charles R. Nienwold

BOOK 9504 PG 623

94 OCT 28 AM 11:08
DAVID ... REGISTER
PICK-UP
033832
IDENTIFICATION REFERENCE

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE

COUNTY OF

The undersigned, MARY YOUNGBLOOD, upon being first duly sworn, does hereby make oath and give the following affidavit:

That STANLEY EDWARDS died on the 18 day of JAN., 19 69, leaving as 1 only heirs-at-law, 1 Children, MARY YOUNGBLOOD, and

That STANLEY EDWARDS had no other children, living or deceased at the time of HIS death.

That the estates of the above named decedents have been opened and closed, and all debts, claims, estate and/or inheritance taxes have been paid; or in the event the estate of any of the above named decedents has not been probated or closed, the undersigned hereby agrees to hold Amqui Title & Escrow, Inc., and Stewart Title Guaranty Company harmless from any loss either may incur by virtue of their removal of any exception for any debts, claims, estate and/or inheritance taxes pertaining to the estate of the decedents in the insurance of a mortgage title insurance policy insuring _____, their successors and/or their assigns., on property known as 509- FISK STREET NASHVILLE, TN. 37203.

WITNESS my hand this 28 day of OCT, 19 94

Mary Youngblood

2323 10/28 0101 03CHECK 8.00

Subscribed to and sworn to me this the 28 day of OCT 19 94.

Fred Cannon

Notary Public

My Commission Expires: September 12, 1996

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

OCT 27 1994

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.

Linda S. Wadley, M.D.

BOOK 9504 PG 624

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.

DIVISION OF VITAL STATISTICS

4-36
BECOMES A LEGAL WHEN PROPERLY D AND FILED.
-81
PRINT IN PERMA- UE OR BLACK INK.

BIRTH NO.

DECEASED

1. DECEASED — NAME: FIRST **STANLEY** MIDDLE **P** LAST **EDWARDS**
2. DATE OF DEATH (MONTH, DAY, YEAR): **January 18, 1969**
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): **Negro**
4. SEX: **Male**
5a. AGE — LAST BIRTHDAY (YEARS): **77**
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): **May 5, 1891**
7a. COUNTY OF DEATH: **Davidson**
7b. CITY, TOWN OR LOCATION OF DEATH: **Nashville**
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): **Yes**
7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER GIVE STREET AND NUMBER): **VA Hospital**
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): **Married**
11. IF MARRIED, WIDOWED, OR DIVORCED — NAME OF SPOUSE (IF WIFE, GIVE MAIDEN NAME): **Hattie Blackman Edwards**
12a. SOCIAL SECURITY NUMBER: [redacted]-5576
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): **WW I**
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORK LIFE, EVEN IF RETIRED):
13b. KIND OF BUSINESS OR INDUSTRY:
14a. RESIDENCE — STATE: **Tennessee**
14b. COUNTY: **Davidson**
14c. CITY, TOWN, OR LOCATION: **Nashville**
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): **Yes**
14e. STREET AND NUMBER: **509 Fisk Street**

PARENTS AND INFORMANT

15. FATHER — NAME: **Prince Edwards**
16. MOTHER — MAIDEN NAME: **Edna**
17. INFORMANT — NAME AND MAILING ADDRESS: **Fred McDonald, 509 Fisk St., Nashville Tenn**

413
527
1 103

CAUSE

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

IMMEDIATE CAUSE (a) **Pneumonia due to gram negative infection**

DUE TO, OR AS A CONSEQUENCE OF

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

DUE TO, OR AS A CONSEQUENCE OF (c) **Pulmonary tuberculosis, far advanced, inactive (10 years).**

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).

19a. AUTOPSY (YES OR NO): **Yes**
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: **Yes**

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFIER

21a. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AT THE PLACE OF THE DATE, AND TO THE BEST OF MY KNOWLEDGE DIED AT THE TIME AND DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: R. A. GOODWIN, Jr. TITLE: M.D.
21b. DATE SIGNED (MONTH, DAY, YEAR): **January 24, 1969**
22a. MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE:
22b. DATE SIGNED (MONTH, DAY, YEAR):
23a. CERTIFIER — NAME (TYPE OR PRINT): **R. A. GOODWIN, JR., M. D.**
23b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **VA Hospital Nashville Tennessee 37203**

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial**
24b. DATE (MONTH, DAY, YEAR): **Jan. 22, 1969**
24c. CEMETERY OR CREMATORY — NAME: **National**
24d. LOCATION — CITY OR TOWN, STATE: **Madison, Tennessee**
25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **William Gunter & Sons, Nashville, Tennessee**
26a. REGISTRAR — SIGNATURE:
26b. DATE RECEIVED BY LOCAL REGISTRAR: **1-28-69**

REV. 1-68

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