Last Will and Testament

OF BOOK 9702 PG 679

MAGGIE KIMBRO GLENN

I, MAGGIE KIMBRO GLENN, of 1533 Douglas Avenue, Nashville, Davidson County, Tennessee, being of sound mind and disposing memory do hereby make, publish and declare this my Last Will and Testament hereby revoking any and all Wills and Codicils thereto heretofore made by me.

ITEM ONE. I direct that all of my just debts and funeral expenses and any inheritance tax be paid out of the first monies coming into the hands of my Executrix hereinafter named.

ITEM TWO. I give, devise and bequeath to my daughter, Wilma Louise Claud or to her children if she predeceases me, all of my property, real, personal or mixed of whatsoever kind and wheresoever located and I name my said daughter, Wilma Louise Claud as Executrix of this Will and request that no bond be required of her. My said daughter is now a resident of Baton Rouge, Louisiana and if it becomes necessary to have a Co-Executor with her because of her non-residency, the Court may appoint such a Co-Executor with the consent of my said daughter.

IN TESTIMONY WHEREOF, I have hereunto set my signature at Nashville, Davidson County, Tennessee, this _____ day of January, 1970.

Maggie Kimbro Glenn

TESTATRIX

Signed by the said Maggie Kimbro Glenn, as and for her Last Will and Testament, consisting of two pages, including this page, in the presence of us the undersigned, who at her request and in her sight and presence and in the presence of each other, have subscribed our names as attesting witnesses, thedate above written.

Sally J. Craighead
WITNESS

Cornelia Craighead
WITNESS

1480 06/15 0101 03CHECK 16.00

00703 16
IDENTIF. & REFERENCE

95 JUN 15 PM 1:36
FELIX Z. [illegible] REGISTER
DAVIDSON COUNTY, TN.

MAIL ENV.

[illegible] is a true copy
[illegible] filed in my office
this 25 day of June 19 95
RICHARD R. ROOKER, Clerk
By Agnes Rowlett
Deputy Clerk

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 25 1995

BOOK 9702 PG 681

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 1 [illegible]7041

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Maggie Mai Glenn
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 31, 1994
4. SOCIAL SECURITY NUMBER (for Decedent): 408-51-3289
5a. AGE – LAST BIRTHDAY (Years): 81
6. DATE OF BIRTH: 8-1-13
7. BIRTHPLACE (City and State or Foreign Country): Pulaski, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 2 No
5b. PLACE OF DEATH (Check only one): 1 Inpatient
5c. FACILITY NAME (If not institution, give street and number): Nashville Memorial Hospital
5d. CITY, TOWN, OR LOCATION OF DEATH: Nashville-Madison
5e. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Widowed
11. SURVIVING SPOUSE: None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Stock Clerk
12b. KIND OF BUSINESS/INDUSTRY: Cain-Sloans Dep't. Store
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1533 E. Douglas Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.) No
15. RACE – American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): X; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Virgil Kimbro
18. MOTHER'S NAME (First, Middle, Maiden Surname): Everline Hobbs

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Wilma Claud
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1533 E. Douglas Ave., Nashville, Tennessee 37206

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Cemetery
20c. LOCATION – City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Katharyn M. Patton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3186
21c. SIGNATURE OF EMBALMER: Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: Patton Brothers Funeral Home, 1306 South St., Nashville, Tennessee 37212
22b. LICENSE NUMBER OF FUNERAL HOME: 185

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): February 22, 1995

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: [signature] SCOTT TROCHTENBERG, M.D. 610 W. Due West, Suite 209 Madison, TN 37115 615/860-1789
25b. LICENSE NUMBER: MD 019835
25c. DATE SIGNED (Month, Day, Year): 2-14-95
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:
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

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):

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. Subarachnoid hemorrhage	DUE TO (OR AS A CONSEQUENCE OF):	2 days
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. Cardiogenic shock	DUE TO (OR AS A CONSEQUENCE OF):	1 hr
c. Respiratory failure	DUE TO (OR AS A CONSEQUENCE OF):	2 days
d.		

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 Natural
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):

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

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
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MAY 23 1995

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Fred Sidby, M.D.
LOCAL REGISTRAR

BOOK 9702 PG 682

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — FILE NO.
DIVISION OF VITAL STATISTICS

BIRTH NO.

DECEASED — NAME: 1. First: Everline; Middle: ; Last: Kimbro

2. DATE OF DEATH (Month, Day, Year): Oct. 14, 1968

3. RACE (White, Negro, American Indian, etc. (Specify)): Negro

4. SEX: Female

5a. AGE — Last Birthday (Years): 73

5b. If Under 1 Year (Months): 5c. If Under 24 Hours (Hours, Minutes):

6. DATE OF BIRTH (Month, Day, Year): June 26, 1895

7a. COUNTY OF DEATH: Davidson

7b. CITY, TOWN OR LOCATION OF DEATH: Nashville

7c. Was Death in City Limits? (Specify Yes or No): Yes

7d. HOSPITAL OR OTHER INSTITUTION — NAME (If Not in Either Give Street and Number): Vanderbilt Hospital

8. STATE OF BIRTH (If Not in U.S.A. Name Country): [illegible]

9. CITIZEN OF WHAT COUNTRY: USA

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

11. SURVIVING SPOUSE (If Wife, Give Maiden Name):

12. SOCIAL SECURITY NUMBER:

13a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Not Dec.): Housekeeper

13b. KIND OF BUSINESS OR INDUSTRY: At Home

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: 1533 E. Douglas

PARENTS AND INFORMANT

15. FATHER — NAME: Perry Hobbs

16. MOTHER — MAIDEN NAME: Isabelle Ballentine

17. INFORMANT — NAME AND MAILING ADDRESS: Mrs. Mattie K. Glenn 1533 E. Douglas

CAUSE

18. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — Nashville, Tennessee 37206

IMMEDIATE CAUSE (a): Hypertensive Cardiovascular Disease

DUE TO, OR AS A CONSEQUENCE OF:

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

(b): ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(c): Cyst, Ovarian

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

19a. AUTOPSY (Yes or No): No

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify):

20b. DATE OF INJURY (Month, Day, Year):

20c. HOUR: M.

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

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS AFTER DATE OF SIGNATURE CANNOT BE DELEGATED.

PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE(S) STATED.

21a. SIGNATURE: Grant W. Liddle M.D.

21b. DATE SIGNED (Month, Day, Year): 10-22-68

MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THIS BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE:

22b. DATE SIGNED (Month, Day, Year):

23a. CERTIFIER — NAME (Type or Print):

23b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State):

BURIAL

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE (Month, Day, Year): Oct. 17, 1968

24c. CEMETERY OR CREMATORY — NAME: Greenwood

24d. LOCATION (City or Town, State): Nashville, Tennessee

FUNERAL HOME — NAME AND ADDRESS (Street or R.F.D. No., City or Town, State): Eaton Bros. 130 South 1st. Nashville, Tenn. 37212

24e. REGISTRAR — SIGNATURE: Lera F. Brents

24f. DATE RECEIVED BY LOCAL REGISTRAR: 10-22-68

BECOMES A LEGAL DOC WHEN PROPERLY SIGNED AND FILED

OR PRINT IN PERMANENT BLUE OR BLACK INK

DECEASED

USUAL RESIDENCE (Where Deceased Lived. If Death Occurred in Institution Give Residence Before Admission.)

CAUSE

BURIAL

CERTIFIER

EATH NOT ATTENDED BY SICIAN. AUTHORIZED CIAL SIGN HERE

MIT REQUIRED PRIOR TO NSPORTATION OF BODY COMMON CARRIER OR OVAL FROM STATE

M 125 , REV 1-68

RECORDER'S MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED