PICK-UP
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DAVIDSON COUNTY, TN.
IDENTIF. & REFERENCE
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BK/10788/362

Last Will and Testament

OF

ESSIE MARION ABLE BRADFORD

I, ESSIE MARION ABLE BRADFORD, of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, declare and publish this to be my Last Will and Testament, hereby revoking any and all other wills heretofore made by me.

I

I direct that all my just debts and expenses, including the costs of administration of my estate, be paid as soon as practicable after my death.

II

I hereby nominate and appoint my daughter, Kathryn Clare Armstrong, 4904 Whittier Drive, Old Hickory, Tennessee, as administratrix of this my Last Will and Testament, and I direct that she be excused from making bond.

III

I fully realize the fact that I have six other children, all of whom are sweet, good and fine children, but Kathryn Clare Armstrong has cared for me more closely, and I fully expect that she will continue to do so in my reclining years, and one of the reasons for my making this will to her is to pay her for looking after me in my reclining years.

Essie M Bradford

IV PG 1076 8363

I will, bequeath and devise all of my property, of every kind and character, real, personal and mixed, and wheresoever situated, to my daughter, Kathryn Clare Armstrong.

IN WITNESS WHEREOF, I have executed this, my Last Will and Testament, on the _____ day of _____, 1983, at Nashville, Tennessee.

Essie M Bradford
TESTATRIX

Signed by the said ESSIE MARION ABLE BRADFORD, as and for her Last Will and Testament, in the presence of us, the undersigned, who, at her request and in her sight and presence, and in the sight and presence of each other, have hereunto set our hands as attesting witnesses on the day and date herein written.

Elizabeth C. Easley of 416 LORNA DR
Nashville, TN 37214

Marianne Kuchenbaard of 115 Bass Cir.
Hendersonville, Tenn.
37075

5610 01/26 0101 01CASH 12.00

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING 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
(615) 862-5900

BOOK 10768 PG 364

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.

9703378

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): ESSIE A. BRADFORD
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 21, 1997
4. SOCIAL SECURITY NUMBER: [redacted]-5315
5a. AGE (LAST BIRTHDAY): 67
5b. UNDER 1 YEAR: MONTHS / DAYS / HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): SEP 28, 1929
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
8. EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8a. PLACE OF DEATH (Check only one): 1 X Hospital: Inpatient 2 ER/Outpatient 3 DOA; 4 Nursing Home 5 Residence 6 Other (Specify)
9. FACILITY NAME (If not institution, give street and number): CENTENNIAL MEDICAL CENTER
9a. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9b. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced, (Specify)): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT use retired): E.K.G. TECHNICIAN
12b. KIND OF BUSINESS/INDUSTRY: HEALTH CARE
13a. RESIDENCE STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN, OR LOCATION: OLD HICKORY
13d. STREET AND NUMBER OR RURAL LOCATION: 4904 WHITTIER DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37138
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if Yes, Specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 X No
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+):

NAME OF DECEDENT For use by investigator if applicable

PARENTS

17. FATHER'S NAME (First, Middle, Last): CHARLES E. ABEL
18. MOTHER'S NAME (First, Middle, Maiden Surname): ESSIE WARD

INFORMANT

19a. INFORMANT'S NAME (Type/Print): ROSE LORING
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State): 2017 FOREST GREEN DRIVE, NASHVILLE, TN 37216

DISPOSITION

20a. METHOD OF DISPOSITION: 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematority, or other place): NATIONAL
20c. LOCATION (City or Town, State): MADISON, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Bill Manley
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3847
21c. SIGNATURE OF EMBALMER: Bill Manley
21d. LICENSE NUMBER OF EMBALMER: 4016
22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS, 201 25TH AVE. N. NASHVILLE, TN. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: Doreen A. Bowen
24. DATE FILED (Month, Day, Year): July 30, 1997

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: M. Mitchell
25b. LICENSE NUMBER: MD 0363
25c. DATE SIGNED (Month, Day, Year): 7-29-97
25d. 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): Michael T. Mitchell MD 2400 Patterson St. Suite 203 Nashville Tn. 37203

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

26. 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. acute cerebral hemorrhage — DUE TO (OR AS A CONSEQUENCE OF) — 1 day

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. hypertension — DUE TO (OR AS A CONSEQUENCE OF)

c. — DUE TO (OR AS A CONSEQUENCE OF)

d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: acute diverticulitis, hypothyroidism, ARDS

28a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 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.

Prt 1658
REV 2 91

RDA 1399

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