METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0200542

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Catherine F.Taylor
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 01/29/2002
4. SOCIAL SECURITY NUMBER (of Deceased): 411-32-8339
5a. AGE-LAST BIRTHDAY (Years): 84
5b. UNDER 1 YEAR: MOB / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Jan 21,1918
7. BIRTHPLACE (City and State or Foreign Country): Nashville,Tn
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 612 Bel Air Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Home Maker
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 612 Bel Aire Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37217
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): 11; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or custodian

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Fulghum
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nell Combs

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Peggy Bean
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 300 Thurman Ave.Crossville,TN 38555

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, crematory, or other place): Mount Olivet Cemetery
20c. LOCATION-City or Town, State: Nashville,TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Scotty Brewer
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4686
21c. SIGNATURE OF EMBALMER: Scotty Brewer
21d. LICENSE NUMBER OF EMBALMER: 4687
22a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home 2627 Nolensville Rd. Nashville,Tenn 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

23. REGISTRAR'S SIGNATURE: Ellen L. Brewer
24. DATE FILED (Month, Day, Year): February 7, 2002

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the 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 date and place, and due to the cause(s) and manner as stated.
2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: Alex Zhang
26b. LICENSE NUMBER: 35082
26c. DATE SIGNED (Month, Day, Year): 1/30/2002
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): Alex Zhang, M.D.;84 Hermitage Ave;Nashville TN 37210; MEC02-0277

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Chronic Obstructive Pulmonary 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.
Approximate Interval Between Onset and Death
SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Hypothyroidism
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 [X] 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: M
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)

PH-1859 (REV. 6/99)
BIRTH NO
RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

John P. Dunn
John P. Dunn
Local Registrar

Davidson County CERTIFICAT
Recvd: 03/15/02 10:40 1pgs
Fees:12.00 Taxes:0.00

20020315-0032833

FEB 7 2002
Date Issued

CERTIFICATION OF VITAL RECORD