This Instrument Prepared by:

The Law Offices of
LUVELL L. GLANTON
915 Jefferson Street
Nashville, TN 37208

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

Karen Johnson Davidson County
Batch # 1280880 AFFIDAVITH
06/03/2025 02:34:44 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20250603-0043590

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Mail Tax Statement to:
William E. Mumphrey, Jr.
3904 Delaware Ave.
Nashville, TN 37209

COMES NOW, **WILLIAM EDWARD MUMPHREY, JR.,** grandson and only heir in this cause, having been duly sworn, who would state to the oath as follows:

1. My full name is **WILLIAM EDWARD MUMPHREY, JR.**.. I will refer to myself in this affidavit as the affiant.

2. I currently reside at 3904 Delaware Avenue, Nashville, TN 37209.

3. I have resided at 3904 Delaware Avenue, Nashville, TN 37209 for over 50 years.

4. I am the biological son and the only child of **WILLIAM EDWARD MUMPHREY**and **EARTHER TICE MUMPHREY.**

5. **MARY E. FOSTER** gave birth to a son **William Edward Mumphrey** 2/10/1923 and a daughter **Johnnie Mae Woods** 8/21/1925 A copy of her death certificate is attached as Exhibit 1.

6. **Johnnie Mae Woods** died June 23, 2010, at the age of 84 years old, was unmarried and had no children. A copy of her death certificate is attached as Exhibit 2

7. **William Edward Mumphrey** died 2/1/1972, at the age of 48 years old and was survived by his widow and only son and heir **William Edward Mumphrey, Jr.**

8. William Edward Mumphrey widow **Earther Tice Mumphrey** has since passed **9/29/1983.** A copy of her death certificate is attached as Exhibit 3

9. The estate of the Decedent, **WILLIAM EDWARD MUMPHREY,** was not administered in a proceeding by a court. The estate of the decedent's widow, **EARTHER TICE MUMPHREY,** was not administered in a proceeding by a court and I am the only heir to this union.

I am the only heir of **William Edward Mumphrey & Earther Tice Mumphrey**, and as such am the rightful owner of the following described real estate in Davidson County, Tennessee, to-wit:

Being Lot No. 8 of Enoch Harrell's subdivision of part of lot No. 12 of Clifton Plan, of record in book 161, page 39, Register's Office of Davidson County, Tennessee.

Said Lot no. 8 fronts 40 feet on the south side of Indiana Avenue, formerly Weller Street, and runs back between parallel lines 150 feet to an alley.

Being part of the property conveyed to Lee Bradley and wife, Lizzie Bradley, by deed from Richard S. West, widower, of record in Book 333, page 594 said Register's Office. The said Lee Bradley and wife, Lizzie Bradley, having since died and survived by the Grantor and Grantee in this instrument.

Being the same property conveyed to Mary E. Foster (Bradley), by Quit Claim Deed from Edward Bradley of record August 1966, in book 4048, page 521, in the Register's Office for Davidson County, Tennessee.

IN WITNESS WHEREOF, I have hereunto set my signature, on this the 11th day of February 2025.

THIS INSTRUMENT WAS PREPARED FROM INFORMATION SUPPLIED BY THE PARTIES. NO TITLE EXAMINATION HAS BEEN PERFORMED OR REQUESTED AND THE LAW OFFICES OF LUVELL L. GLANTON, PLLC. SHALL NOT BE RESPONSIBLE FOR ANY MATTER THAT COULD HAVE BEEN RESOLVED BY A TITLE EXAMINATION.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

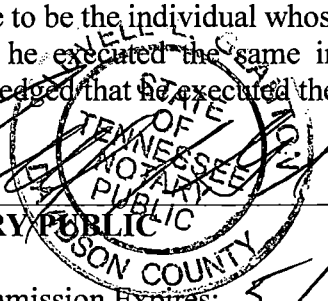
I, **WILLIAM EDWARD MUMPHREY, JR.**, hereby offer this instrument for recording within the meaning of the statutes of the State of Tennessee

WILLIAM EDWARD MUMPHREY, Jr.

Sworn to and subscribed before me this
11th day of February 2025.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

On the 11th day of February, 2025, before me, the undersigned, personally appeared William Edward Mumphrey, Jr., personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, acknowledged that he executed the within instrument for the purposes therein contained.



NOTARY PUBLIC

My Commission Expires: 5/5/2025

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH

STATE FILE NUMBER 11013 89-043394

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK 8905654

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Mary E. Foster —
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 11-26-89
4. SOCIAL SECURITY NUMBER (of Deceased): 408-40-...1
5a. AGE – LAST BIRTHDAY (Years): 82
5b. UNDER 1 YEAR – MONTHS
5c. UNDER 1 DAY – HOURS
5d. UNDER 1 DAY – MIN.
6. DATE OF BIRTH (Month, Day, Year): June 24, 1907
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): 4015 - Indiana Ave - 910
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville 074
9d. COUNTY OF DEATH: Davidson - 19
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.): House wife — 914
12b. KIND OF BUSINESS/INDUSTRY: 961
13a. RESIDENCE – STATE: Tn. —
13b. COUNTY: Davidson 19
13c. CITY, TOWN OR LOCATION: Nashville 094 —
13d. STREET AND NUMBER OR RURAL LOCATION: 4015 - Indiana Ave —

FACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.)? Yes 0 [X] No
15. RACE – American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 — ; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Hudson Longstreeter
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lizzie Abernathy

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Johnnie M. Woods
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4015 - Indiana Ave - Nash Tn - 37209

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 9 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Green wood —
20c. LOCATION – City or Town, State: Nashville, Tn —
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ K. Gardner Jr
21b. LICENSE NUMBER OF FUNERAL DIRECTOR:
21c. SIGNATURE OF EMBALMER: ▶ Delmer Bryce (R.G)
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: K. Gardner & Son 1511 Jefferson St.
22b. LICENSE NUMBER OF FUNERAL HOME: 0389

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED (Month, Day, Year): December 11, 1989

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Thomas N Callaway MD
25b. LICENSE NUMBER: MD017839
25c. DATE SIGNED (Month, Day, Year): 12-6-89
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): Thomas H. Callaway, M.D.

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.	ADENOCARCINOMA of COLON, METASTATIC	6 wk
b. DUE TO (OR AS A CONSEQUENCE OF):		
c. DUE TO (OR AS A CONSEQUENCE OF):		
d. DUE TO (OR AS A CONSEQUENCE OF):		

SEE INSTRUCTIONS ON OTHER SIDE

1539

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

CHRONIC LYMPHOCYTIC LEUKEMIA

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 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)

BIRTH NO

PH-1655 REV. 1/89

ANTI-FRAUD PROTECTION PATENT PENDING

PLAINTIFF'S EXHIBIT NO. 1

PENDO 800-631-6989

4261813

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 Department of Health. Alteration or erasure voids this certification.

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

Teresa S. Hendricks
STATE REGISTRAR

Date Issued Aug-04-2010

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1870

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE 1870

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL STATISTICS

FILE NO. 72-003758

21-26-37 THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

053 TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

473510

1-60 1994 BIRTH NO.

DECEASED

1. DECEASED — NAME: WILLIAM EDWARD MUMPHREY
2. DATE OF DEATH (MONTH, DAY, YEAR): February 1, 1972
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): Negro
4. SEX: Male
5a. AGE — LAST BIRTHDAY (YEARS): 48
5b. UNDER 1 YEAR — MOS.
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): February 10, 1923
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: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Earther Tice
12a. SOCIAL SECURITY NUMBER: 411-
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): WW2
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Apprentice
13b. KIND OF BUSINESS OR INDUSTRY: Engraving
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: 3904 Delaware Ave. 37209

RESIDENCE OF DECEASED IF DEATH IN INSTITUTION, GIVE BEFORE ADMISSION.

0031581X972

15. FATHER — NAME: Joseph Mumphrey
16. MOTHER — MAIDEN NAME: Mary Bradley
17. INFORMANT — NAME AND MAILING ADDRESS: Decedent on admission

CAUSE

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

IMMEDIATE CAUSE
(a) Cardiac arrest — 1621
DUE TO, OR AS A CONSEQUENCE OF:
(b) Hypotension — 427
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF:
(c) Carcinoma of lung — —

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSES 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
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)

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

538 **CERTIFIER**

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

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

21a. 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. From 1-21-72 to 2-1-72
SIGNATURE: [signature] M.D.
TITLE
21b. DATE SIGNED (MONTH, DAY, YEAR): February 8, 1972

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): W. D. SALMON, 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): Feb. 5, 1972
24c. CEMETERY OR CREMATORY — NAME: Greenwood
24d. LOCATION (CITY OR TOWN, STATE): Nashville, Tennessee
25. FUNERAL HOME — NAME AND ADDRESS (CITY OR TOWN, STATE): Wm. Gunter & Sons 1711 JoJohnston 37203
26. REGISTRAR — SIGNATURE: [signature]
27. DATE ACCEPTED BY LOCAL REGISTRAR: 2-10-72

FORM 120 REV. 1-68

4261814

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 Department of Health. Alteration or erasure voids this certification.

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

Teresa S. Hendricks
STATE REGISTRAR

Date Issued Aug-04-2010

CERTIFICATION OF VITAL RECORD

PLAINTIFF'S EXHIBIT NO. 3

PENALTY FOR FRAUDULENT USE OF CERTIFICATE OR COPY IS FINE OF $1,000 TO $10,000 OR IMPRISONMENT OF 1 TO 10 YEARS OR BOTH (T.C.A. 39-3-702)

STATE OF TENNESSEE
Office of Vital Records

1003786

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Johnnie Mae Woods
2. SEX: female
3. DATE OF DEATH (Month, Day, Year): June 23,2010
4. SOCIAL SECURITY NUMBER: 408-
5a. AGE-LAST BIRTHDAY (Years): 84
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Aug.21,1925
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 [ ] Residence 6 [X] Other (Specify): Hospice
9b. FACILITY NAME (If not institution, give street and number): The Residence@Alive Hospice
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Divorced
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.): School Teacher
12b. KIND OF BUSINESS/INDUSTRY: Metro Public School System
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4015 Indiana Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.): [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+): 4
NAME OF DECEDENT: For use by persons in attendance

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joseph Mumphrey
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary E. Bradley

INFORMANT

19a. INFORMANT'S NAME (Type/Print): William E. Mumphrey,Jr.
19b. RELATIONSHIP TO DECEASED: Nephew
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3904 Delaware Avenue Nashville, TN 37209

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): Greenwood Cemetery-Main
20c. LOCATION-City or Town, State: Nashville,TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Melvin J. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: Ronnie H. Reed
21d. LICENSE NUMBER OF EMBALMER: 3964
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc. 706 Monroe Street, Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Bowers MR
24. DATE FILED (Month, Day, Year): July 01, 2010

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 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 6-30-2010
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 [ ] 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): David Tribble, MD 1718 Patterson Street Nashville, TN 37203

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)
SEE INSTRUCTIONS ON OTHER SIDE
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Septicemia
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. Multiple decubiti, Pneumonia, osteomyelitis of back
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.
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. 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.

FH-1659 (REV. 6/99) RDA 1399

PLAINTIFFS EXHIBIT NO. 2

4376497

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 Department of Health. Alteration or erasure voids this certification.

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

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

7/14/2010
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD