

BIRTH NO. _____ COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO. _____

 1. NAME **Fred A. Toney** 2. DATE OF DEATH **March 11, 1953**
FIRST MIDDLE LAST MONTH DAY YEAR

 3. COLOR OR RACE **White Male** 4. SEX **Male** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married**
 6. DATE OF BIRTH **Dec. 11, 1887** 7. AGE (IN YEARS LAST BIRTHDAY) **65** 8. IF UNDER 1 YR. MONTHS **3** DAYS **0** 9. IF UNDER 24 HRS. HOURS **0** MINS. **0**

 8. PLACE OF DEATH
 A. COUNTY **Davidson** B. CIVIL DISTRICT **12** 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)
 A. STATE **Tennessee** COUNTY **Davidson** C. CIVIL DISTRICT **12**
 C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Nashville Rural** D. LENGTH OF STAY IN THIS PLACE _____ D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Nashville**

 E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) **1402 Brick Church Pike**
 F. STREET (IF RURAL, GIVE LOCATION) ADDRESS **1402 Brick Church Pike**

 10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) **Retired Court Officer** 10B. KIND OF BUSINESS OR INDUSTRY **Davidson County Sheriff's Office** 11. SOCIAL SECURITY NUMBER **415 10 0975**

 12. WAS DECEASED EVER IN U.S. ARMED FORCES? _____ 13. BIRTHPLACE (State or Foreign Country) **Davidson Co., Tennessee** 14. CITIZEN OF WHAT COUNTRY? **U. S. A.**
 SPECIFY, YES, NO, UNKNOWN **No** IF YES, GIVE WAR AND DATES OF SERVICE _____

 15. FATHER'S NAME **John A. Toney** 16. MOTHER'S MAIDEN NAME **Alice Richardson** 17. INFORMANT ADDRESS **Goldie Strange Toney-1402 Brick Church Pike**

 18. CAUSE OF DEATH
 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **(A) Acute Sclerema of the Neck**
 ANTECEDENT CAUSES **(B) Hypertension**
 MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. **(C) _____**
 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH _____
 INTERVAL BETWEEN ONSET AND DEATH **420.0**

 19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20A. AUTOPSY YES NO 20B. FINDINGS AT AUTOPSY _____

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) _____ 21B. PLACE OF INJURY (Home, Farm, Factory, Street, Office, Build'g, etc.) _____ 21C. PLACE OF INJURY CITY, TOWN OR RURAL _____ COUNTY _____ STATE _____

 21D. TIME OF INJURY MONTH _____ DAY _____ YEAR _____ HOUR _____ 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR? _____ APR 10 1953

 22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
 SIGNATURE **J. J. [Signature]** OTHER (SPECIFY) **[Signature]** ADDRESS _____ DATE _____

 23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **March 13 1953** 23C. NAME OF Cemetery or Crematory **Spring Hill Cemetery** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Madison, Tennessee**

 24. FUNERAL DIRECTOR **Phillips Robinson Company, Nashville,** ADDRESS _____ 25. REGISTRATION DIST. NO. **191** 26. DATE SIGNED BY **3-13-53** 27. REGISTRAR'S SIGNATURE **J. J. [Signature]** LOCAL REG. _____