

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO. 49-02122

BIRTH NO. \_\_\_\_\_

530

1. NAME

Maria

Agnese

Comotto

2. DATE OF DEATH Feb. 10, 1949

FIRST

MIDDLE

LAST

MONTH

DAY

YEAR

3. COLOR  
OR  
RACE

W.

4. SEX  
F.5. SINGLE, MARRIED, WIDOWED,  
DIVORCED (SPECIFY)  
Widowed6. DATE MONTH DAY YEAR  
OF BIRTH Nov. 30, 18657. AGE (IN YEARS  
LAST BIRTHDAY)  
83IF UNDER 1 YR.  
MONTHS DAYSIF UNDER 24 HRS.  
HOURS MINS.

8. PLACE OF DEATH

A. COUNTY Davidson

B. CIVIL  
DISTRICT 1st

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Nashville

D. LENGTH OF STAY  
IN THIS PLACE  
48 Years9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution,  
Residence Before Admission)

Tenn.

Davidson

A. STATE

B. COUNTY

C. CIVIL DISTRICT 1st

D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Nashville

E. NAME OF HOSPITAL (If not in Hospital or Institution,  
OR INSTITUTION Give Street Address and Location)

1909 West End Ave.

E. STREET (IF RURAL, GIVE LOCATION)  
ADDRESS

1909 West End Ave.

10A. USUAL OCCUPATION (Give Kind of Work Done During Most  
of Working Life, Even if Retired)

Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY

Housekeeping

11. SOCIAL SECURITY NUMBER

No

12. WAS DECEASED EVER IN U.S. ARMED FORCES?

SPECIFY, YES, NO,  
UNKNOWN NoIF YES, GIVE WAR AND  
DATES OF SERVICE None

13. BIRTHPLACE (State or Foreign Country)

Italy

14. CITIZEN OF WHAT COUNTRY?

USA

15. FATHER'S NAME

Pete Agnese

16. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

Mrs. Casper Kuhn 1909 West End Ave.

ADDRESS

## MEDICAL CERTIFICATION

INTERVAL BETWEEN  
ONSET AND DEATH

18. CAUSE OF DEATH

1. DISEASE OR CONDITION DI-  
RECTLY LEADING TO DEATH\*

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY,  
GIVING RISE TO ABOVE CAUSE (A)  
STATING THE UNDERLYING CAUSE  
LAST.(A) *Hyperstatic Pneumonia* 422.2

3 days

DUE TO (B) *Myocardial* 522

2 yrs

DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT  
RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

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 (In or About  
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  NOT WHILE   
AT WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE

M.D.

OTHER  
(SPECIFY)

ADDRESS

DATE

*Robert H. Magruder*

2012 West End

2/11/49

23A. BURIAL, CREMATION,  
REMOVAL (SPECIFY)

Burial

23B. DATE OF BURIAL, CRE-  
MATION, OR REMOVAL

Feb. 12, 1949

23C. NAME OF Cemetery or Crematory

Calvary

23D. LOCATION CITY, TOWN OR COUNTY

Nashville, Tennessee

STATE

24. FUNERAL DIRECTOR

Martin's 2021 West End Ave.

ADDRESS

25. REGISTRATION

DIST. NO. 21901

26. DATE SIGNED BY

14 Feb 49

27. REGISTRAR'S SIGNATURE

*J. W. Ellis*

274