



Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor



METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

DEC 7 1992

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.

Handwritten signature: Julia S. Waddy, M.D.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH

Form with fields for: DECEASED (Name: Darlene Desire Eldridge, Sex: Female, Date of Death: November 24, 1992), PARENTS (Father: Sylvester Eldridge, Mother: Claudia P. Eldridge), DISPOSITION (Crest Lawn Memorial Hospital), PHYSICIAN (Charles W. Harlan, M.D.), CAUSE OF DEATH (Bilateral Pneumonia, Thermal Burns), and MANNER OF DEATH (House Fire).

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