

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

101

1 PLACE OF DEATH  
County Jackson  
Civil Dist. 151  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)Registration District No. HNK08File No. 2

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Juston Smith

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
(Write the word)6 DATE OF BIRTH Sept 16, 1917  
(Month) (Day) (Year)7 AGE 1 yrs. 1 mos. 1 ds. If LESS than 1 day, ---- hrs. or ---- min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Infant none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (State or country) Gainesboro Tenn10 NAME OF FATHER Tandy Smith11 BIRTHPLACE OF FATHER (State or country) Jackson Co, Tenn12 MAIDEN NAME OF MOTHER Julia Sivey13 BIRTHPLACE OF MOTHER (State or country) Jackson Co, Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julia Smith  
(Address) Gainesboro15 Filed Nov 10, 1918 David Hall  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 17, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 10 1918, to Sept 10, 1918, that I last saw him alive on Sept 10, 1918, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Depressed  
Stomatitis 1st

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) Alles-Colitis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed P. C. Saw, M. D.  
Nov 10, 1918 (Address) Gainesboro

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Pleasant Hill DATE OF BURIAL Sept 18, 191820 UNDERTAKER Tandy Smith ADDRESS Gainesboro

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.