

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

111

File No. 12

1 PLACE OF DEATH
County Jackson
Civil Dist. First
or
Village Garnesboro
or
City _____ (No. _____, St.; _____ Ward)Registration District No. 441
Primary Registration District No. 24401

Registered No. _____

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

2 FULL NAME Robert 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 Feb 14, 1900
(Month) (Day) (Year)7 AGE 22 8 6
-----yrs.-----mos.-----ds. If LESS than 1 day,-----hrs. or-----min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Nashville Tenn10 NAME OF FATHER Mc Smith Jr11 BIRTHPLACE OF FATHER (State or country) Jackson Co12 MAIDEN NAME OF MOTHER Belle Dyer13 BIRTHPLACE OF MOTHER (State or country) Jackson Co14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mc Smith(Address) Garnesboro15 Filed Nov, 1918 W H Little
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 15, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1918, to Oct 14, 1918, that I last saw him alive on Oct 14, 1918, and that death occurred, on the date stated above, at _____ m.The CAUSE OF DEATH* was as follows:
Spanish Influenza Pneumonia
11a
----- (Duration) ----- yrs. ----- mos. ----- ds.

Contributory (SECONDARY) _____ (Duration) ----- yrs. ----- mos. ----- ds.

(Sign) Chas E Myers, M. D.
Nov 2, 1918 (Address) Garnesboro

*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 Chariz cemetery DATE OF BURIAL Oct 19, 191820 UNDERTAKER none ADDRESS _____MARGIN RESERVED FOR BINDING
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.