

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

142

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. First
or
Village Gainesboro
or
City _____ (No. _____, St.; _____ Ward)Registration District No. 441
Primary Registration District No. 241601File No. 9

Registered No. _____

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

2 FULL NAME Leathie Paul Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)6 DATE OF BIRTH Apr 17, 1890
(Month) (Day) (Year)7 AGE 28 5 If LESS than 1 day, ---- hrs. or ---- min.?
yrs. mos. ds.8 OCCUPATION Housewife
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) making9 BIRTHPLACE (State or country) Woodbury Tenn10 NAME OF FATHER J B Lindsay11 BIRTHPLACE OF FATHER (State or country) Woodbury Tenn12 MAIDEN NAME OF MOTHER Olga Kelley13 BIRTHPLACE OF MOTHER (State or country) Woodbury Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Smith
(Address) Gainesboro15 Filed Nov 9, 1918 W H Little
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 29, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 25 1918, to Oct 27, 1918, that I last saw her alive on Oct 27, 1918, and that death occurred, on the date stated above, at _____ m.The CAUSE OF DEATH* was as follows: hemiplegia

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

(Signed) J B Lindsay, M. D. (Duration) ---- yrs. ---- mos. ---- ds.(Address) Gainesboro, 191----

*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 Charis Seminary DATE OF BURIAL Oct 30, 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.