

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.

1 PLACE OF DEATH

County Jackson  
 Civil Dist. 609  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 442  
 Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 20

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

2 FULL NAME William H. Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, Yes, WIDOWED, OR DIVORCED. Write the word

6 DATE OF BIRTH October 8, 1835  
 (Month) (Day) (Year)

7 AGE 83 yrs. 1 mos. 9 ds. If LESS than 1 day, ----- hrs. or ----- min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Minister of gospel (b) General nature of industry, business, or establishment in which employed (or employer) Good 839

9 BIRTHPLACE (State or country) Gainesboro, Tenn

10 NAME OF FATHER Abraham Smith

11 BIRTHPLACE OF FATHER (State or country) Gainesboro

12 MAIDEN NAME OF MOTHER Marion Smith

13 BIRTHPLACE OF MOTHER (State or country) Gainesboro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) B. J. Smith (Address) Hill house, Tenn

15 Filed Nov 14, 1918 A. J. Pharris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 17, 1918  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows: No medical aid attended  
cause unknown  
 (Duration) ----- yrs. ----- mos. ----- ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) ----- yrs. ----- mos. ----- ds.

(Signed) A. J. Pharris, M. D. (Address) \_\_\_\_\_ 1918

\*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 New Hope, Tenn DATE OF BURIAL Nov 14, 1918

20 UNDERTAKER D. B. Taylor ADDRESS Hill house