

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 MARBLES RESERVED FOR BINDING

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. 6 & 9 or Village _____ or City _____ (No. _____, _____ St.; _____ Ward)
STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH
 File No. _____
 Registered No. 1918
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Celos 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 November 22, 1918
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 4 hrs. 30 min. **IF LESS than 1 day, -----hrs. or -----min.?**

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

9 BIRTHPLACE (State or country) Gainestown

PARENTS
10 NAME OF FATHER Edward Smith
11 BIRTHPLACE OF FATHER (State or country) Gainestown
12 MAIDEN NAME OF MOTHER M. J. Boston
13 BIRTHPLACE OF MOTHER (State or country) Gainestown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Cirey Boston
 (Address) Gainestown

15 Filed Nov 23, 1918 Edgar Morris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 22, 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
no attendance
cause unknown
 (Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) Edgar Morris, M. D. _____, 191____ (Address) _____

*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 **DATE OF BURIAL** Nov 23, 1918

20 UNDERTAKER D. D. Taylor **ADDRESS** Gainestown