

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			STATE OF TENNESSEE		183
County <u>Jackson Co</u>			STATE BOARD OF HEALTH		
Civil Dist. <u>10X</u>			Bureau of Vital Statistics		
or			CERTIFICATE OF DEATH		
Village _____			Registration District No. <u>441</u>		File No. <u>12</u>
or			Primary Registration District No. _____		Registered No. _____
City <u>New Fairview</u> (No. _____, _____ St.; _____ Ward)					[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME <u>Queenie Smith</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>March 21st, 1920</u> <small>(Month) (Day) (Year)</small>		
6 DATE OF BIRTH <u>July 7, 1887</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>March 14th, 1920</u> , to <u>March 21st, 1920</u> , that I last saw her alive on <u>March 21st, 1920</u> , and that death occurred, on the date stated above, at <u>4 P. M.</u>		
7 AGE <u>33</u> yrs. <u>9</u> mos. <u>26</u> ds.			The CAUSE OF DEATH* was as follows: <u>Flu Pneumonia</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			(Duration) _____ yrs. _____ mos. <u>7</u> ds.		
9 BIRTHPLACE (State or country) <u>Jackson Co Tenn Dist 7 or 1</u>			Contributory <u>old age</u> <small>(SECONDARY)</small>		
PARENTS	10 NAME OF FATHER <u>Joshua Dennis</u>		(Duration) _____ yrs. _____ mos. _____ ds.		
	11 BIRTHPLACE OF FATHER (State or country) <u>North Carolina</u>		(Signed) <u>C. H. E. Persons</u> M. D.		
	12 MAIDEN NAME OF MOTHER <u>Don't Remember</u>		<u>May 14, 1920</u> (Address) <u>Fairview Tenn</u>		
	13 BIRTHPLACE OF MOTHER (State or country) <u>North Carolina</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
(Informant) <u>Robt N. Smith</u>			At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
(Address) <u>Fairview Tenn</u>			Where was disease contracted, if not at place of death? <u>Place of death</u>		
15			Former or usual residence _____		
Filed <u>Jan 1, 1920</u> <u>Mrs. W. H. Little</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Pharris Graveyard</u>		DATE OF BURIAL <u>March 22nd, 1920</u>
			20 UNDERTAKER <u>W. E. Smith</u>		ADDRESS <u>Fairview Tenn</u>