

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.

1 PLACE OF DEATH  
 County Jackson  
 Civil Dist. 1st  
 or Village \_\_\_\_\_  
 City Max Gainsboro (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)  
 STATE OF TENNESSEE  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH  
 186  
 Registration District No. 441 File No. 12  
 Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Albert Smith

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Baby</u>	16 DATE OF DEATH <u>Feb 24</u> , 19 <u>20</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Feb 20</u> , 19 <u>20</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 20</u> , 19 <u>20</u> , to <u>Feb 24</u> , 19 <u>20</u> , that I last saw him alive on <u>Feb 24</u> , 19 <u>20</u> , and that death occurred, on the date stated above, at _____ m.	
7 AGE ____ yrs. ____ mos. <u>4</u> ds. If LESS than 1 day, ____ hrs. or ____ min.?			The CAUSE OF DEATH* was as follows: <u>Placental Birth + this</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			(Duration) ____ yrs. ____ mos. <u>4</u> ds.	
9 BIRTHPLACE (State or country) <u>Gainesboro Tenn</u>			Contributory <u>Placental Birth</u> (SECONDARY) (Duration) ____ yrs. ____ mos. <u>4</u> ds.	
PARENTS	10 NAME OF FATHER <u>Robert L. Smith</u>		(Signed) <u>Chas E. Reeves</u> , M. D.	
	11 BIRTHPLACE OF FATHER (State or country) <u>9th Nat post office Tenn</u>		7 <u>May 11</u> , 19 <u>20</u> (Address) <u>Gainesboro Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>Sarah Ann Swift</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Putnam County</u>		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 _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Chas E. Reeves</u> (Address) <u>Gainesboro Tenn</u>				
15 Filed <u>June 1</u> , 19 <u>20</u> <u>Mrs W. H. Little</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Pharris Grayard</u>	
			DATE OF BURIAL <u>Feb 25</u> , 19 <u>20</u>	
			20 UNDERTAKER <u>Andrew Paston</u>	
			ADDRESS <u>Gainesboro Tenn</u>	