

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. Sixth
 OR
 Village Gainsboro R#2
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

File No. _____
 Registered No. 7

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

2 FULL NAME

John J. Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (Write the word)

6 DATE OF BIRTH 6 9 1869
 (Month) (Day) (Year)

7 AGE 56 yrs. 9 mos. 17 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION farmer
 (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) Tenn

10 NAME OF FATHER H. Smith

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Perthing Hale

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs J. J. Smith
 [Address] Hellborn Tenn

15 Filed 3/25 B.R.O. C. J. Pharis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 26 1920
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 3-19-1920 to 3-24-1920, that I last saw him alive on 3-24-1920, and that death occurred, on the date stated above, at home. The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia following influenza

[Duration] ____ yrs. ____ mos. ____ ds.

Contributory [SECONDARY] [Duration] ____ yrs. ____ mos. ____ ds.

Signed W. M. Brown M. D.
3-26-1920 Address Hellborn Tenn

* 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 Cemetery DATE OF BURIAL 3-26-20

20 UNDERTAKER John Smith ADDRESS Gainsboro