

STATE OF TENNESSEE

205

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson
Civil Dist. # 4
or
Village _____
or
City _____ (No. _____ St.; _____ Ward)

Registration District No. 44404

File No. _____

Primary Registration District No. _____

Registered No. 8

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

2 FULL NAME Bernice Grey Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> <small>(Write the word)</small>
6 DATE OF BIRTH <u>Apr 22, 1920</u> <small>(Month) (Day) (Year)</small>		
7 AGE _____ <small>yr. mos. ds.</small>		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)

Tenn

10 NAME OF FATHER

Stanton Smith

11 BIRTHPLACE OF FATHER
(State or country)

Tenn

12 MAIDEN NAME OF MOTHER

Nola Hall

13 BIRTHPLACE OF MOTHER
(State or country)

Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A B Clark

(Address) Haydenburg

15

Filed 6-10-20 Patt Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Apr 22, 1920
(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:

Stiv Bone

Contributory
(secondary)

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Frank B Clark, M. D.
6-10-20 (Address) Haydenburg

*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

DATE OF BURIAL

Wm. G. Graw Apr 22, 1920

20 UNDERTAKER

ADDRESS

Sam Conroy Haydenburg

CAUSE OF DEATH in plain language, so that it may be properly classified. Exact cause of death is most important. See instructions on back of certificate.