

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		STATE OF TENNESSEE	
County	<i>Jackson</i>	STATE BOARD OF HEALTH	223
Civil Dist.	<i>8</i>	Bureau of Vital Statistics	
Village		CERTIFICATE OF DEATH	
City		Registration District No. <i>44408</i>	File No. <i>8</i>
		Primary Registration District No. <i>8</i>	Registered No. <i>8</i>
		City (No.) St.: Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME		<i>Martha Smith</i>	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	
<i>Female</i>	<i>White</i>	<i>Married</i>	
6 DATE OF BIRTH			
<i>June 7 1890</i> (Month) (Day) (Year)			
7 AGE		(If LESS than 1 day.....hrs. or.....min.?)	
<i>48 yrs. 7 mos. 5 ds.</i>			
8 OCCUPATION			
(a) Trade, profession, or particular kind of work. <i>Housekeeping</i>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
9 BIRTHPLACE (State or country) <i>Jackson Co</i>			
10 NAME OF FATHER <i>Whitson Smith</i>			
11 BIRTHPLACE OF FATHER [State or country] <i>Tenn</i>			
12 MAIDEN NAME OF MOTHER <i>Polly Green</i>			
13 BIRTHPLACE OF MOTHER [State or country] <i>Tenn</i>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
[Informant] <i>Bessie Perry</i>			
[Address] <i>Cooksville R7</i>			
15			
Filed <i>July 5, 1920</i> <i>G. M. Ballard</i> REGISTRAR			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH			
<i>June 7 1920</i> (Month) (Day) (Year)			
17 I HEREBY CERTIFY, That I attended deceased from 191... to 191... that I last saw him alive on 191... and that death occurred, on the date stated above, at... M. The CAUSE OF DEATH* was as follows: <i>The neighbor says it was heart trouble at there was no medical aid present</i> [Duration]... yrs. ... mos. ... ds.			
Contributory [SECONDARY] [Duration]... yrs. ... mos. ... ds.			
Signed..... 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		DATE OF BURIAL	
<i>Anderson branch</i>		<i>June 8 1920</i>	
20 UNDERTAKER		ADDRESS	
<i>Friends</i>			