

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. 11
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 44411 File No. 235
 Primary Registration District No. 11 Registered No. 5

2 FULL NAME Lee Smith

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

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 5 / 16 / 1867
(Month) (Day) (Year)

7 AGE 53 yrs. 2 mos. 7 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work: farmer
 (b) General nature of industry, business, or establishment in which employed (or employer): _____

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Mathew Smith
11 BIRTHPLACE OF FATHER (State or country) Tenn
12 MAIDEN NAME OF MOTHER Mary McKinney
13 BIRTHPLACE OF MOTHER (State or country) Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7 / 23 / 1920
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May 10 1920 to July 23, 1920, that I last saw him alive on July 23, 1920 and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Carcinoma of stomach
114

[Duration] 2 yrs. ____ mos. ____ ds.

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

Signed L. P. Anderson, M. D.
7/25, 1920 Address Greenville

* 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
 [Informant] Mrs. Howard Brown
 [Address] Greenville R#1

15
 Filed 9/6/20 L. P. Anderson
REGISTRAR

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 Burman Co., T. **DATE OF BURIAL** 7/25 1920

20 UNDERTAKER Rees Fox **ADDRESS** Hamberly