

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 statements of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
 County Jackson
 Civil Dist. No 15 Registration District No. 44415 File No. 22
 Village _____ Primary Registration District No. _____ Registered No. _____
 or _____
 City _____ (No. _____, _____ St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 281

2 FULL NAME Jasper Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 6 DATE OF BIRTH Feb. 8, 1880
 (Month) (Day) (Year)
 7 AGE 70 yrs. 8 mos. 26 ds. If LESS than 1 day, hrs. or min.?
 8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer 000
 (b) General nature of industry, business, or establishment in which employed (or employer).
 9 BIRTHPLACE (State or country) Tenn.

PARENTS
 10 NAME OF FATHER John Smith
 11 BIRTHPLACE OF FATHER (State or country) Tenn.
 12 MAIDEN NAME OF MOTHER Elen O. Gathup
 13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Emily Smith
 (Address) Scipeshoro Tenn.

15 Filed Nov 20 1920 J. M. Cason
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 31, 1920
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1920, to Oct 31, 1920, that I last saw him alive on Oct 31, 1920, and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH * was as follows:
Pulmonary Tuberculosis
31
 (Duration) yrs. mos. ds.

Contributory (SECONDARY) _____ (Duration) yrs. mos. ds.
 (Signed) Roseville G. Gooch M. D.
Nov 8, 1920 (Address) Scipeshoro 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 Scipeshoro Tenn. DATE OF BURIAL Nov 2, 1920

20 UNDERTAKER Howler Smith ADDRESS Scipeshoro Tenn.