

MARGIN RESERVED FOR BINDING - 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

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

County Jackson

Civil Dist. 13

Village \_\_\_\_\_

City \_\_\_\_\_

Registration District No. 44413

Primary Registration District No. 13

(No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

File No. 22308

Registered No. 72

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

2 FULL NAME Thomas Smith

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 6 1920  
(Month) (Day) (Year)

7 AGE 7 mos. 25 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Joseph Whitley Smith

11 BIRTHPLACE OF FATHER [State or country] Tenn.

12 MAIDEN NAME OF MOTHER Dora Alice Clark

13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Whitley Smith  
[Address] Whitneyville

15 Feb 26 1921 J. D. Lumsden  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 1 1921  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan 27 1921 to Jan 29 1921 that I last saw him alive on Jan 29 1921 and that death occurred, on the date stated above, at 7 P. M

The CAUSE OF DEATH\* was as follows:  
Lobar Pneumonia  
[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Signed J. D. Lumsden M. D.  
Feb 2 1921 Address Whitneyville

\* 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 7 yrs. 25 mos. 25 ds. In the State 7 yrs. 25 mos. 25 ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL McKinnon County DATE OF BURIAL Feb 2 1921

20 UNDERTAKER None ADDRESS \_\_\_\_\_