

STATE OF TENNESSEE

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

Primary Registration District No. _____

File No. 382Registered No. 7

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

2 FULL NAME Louartie Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, DIVORCED, OR WIDOWED Married
(State the word)6 DATE OF BIRTH Not known 1845
(Month) (Day) (Year)7 AGE 76 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Kentucky10 NAME OF FATHER Reecie Smith11 BIRTHPLACE OF FATHER [State or country] Kentucky12 MAIDEN NAME OF MOTHER Margaret Bristow13 BIRTHPLACE OF MOTHER [State or country] not known14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Tom Poston
[Address] Haydenburg15 Filed 9-12-21 Patt Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 11 21
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from Sept 6 1921 to Sept 11 1921, that I last saw her alive on Sept 10 1921 and that death occurred, on the date stated above, at 6:30 M.
The CAUSE OF DEATH* was as follows:Bacillary Dysentery
[Duration] yrs. _____ mos. 8 ds.Contributory [SECONDARY] _____
Signed A. B. Clark M. D.
Sept 12, 1921 Address Haydenburg

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, 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 Wilson grave yard DATE OF BURIAL 9-12 192120 UNDERTAKER B. H. Webb (Ex) ADDRESS HaydenburgMARGIN 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.