

# STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson

Civil Dist. No. 9

OR  
Village \_\_\_\_\_

OR  
City \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 442

St.; \_\_\_\_\_ Ward)

File No. 423

Registered No. 7

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

2 FULL NAME Fred N. Smith

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH Feb 6 1897  
(Month) (Day) (Year)

7 AGE 23 yrs. 9 mos. 13 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION Farmer 000  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER \_\_\_\_\_

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] W. H. Smith

[Address] Jamesboro

15 Filed Dec 20 1921 W. H. Smith REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Dec 19 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 18 1921 to Dec 19 1921, that I last saw h.i. alive on Dec 19 1921 and that death occurred, on the date stated above, at 10:30 A.M.  
The CAUSE OF DEATH\* was as follows:  
Diabetes Mellitus 31

[Duration] 7 yrs. 0 mos. 0 ds.  
Contributory (SECONDARY) Tuberculosis (Pulmonary)  
[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Signed Robert G. Gray M. D.  
Dec 20 1921 Address Jamesboro, 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 Oreston Cemetery DATE OF BURIAL Dec 21 1921

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

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.