

MARGIN RESERVED FOR BINDING 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. 1
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 164408
 Primary Registration District No. _____

File No. 371
 Registered No. 8

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

2 FULL NAME Margot Swearingain Smith

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3 SEX <u>F.M.</u> | 4 COLOR OR RACE <u>white</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widow</u> (Write the word) |
| 6 DATE OF BIRTH <u>July 17 1889</u> (Month) (Day) (Year) | | |
| 7 AGE <u>83</u> yrs. mos. ds. | If LESS than 1 day, _____ hrs. or _____ min.? | |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) | | |
| 9 BIRTHPLACE (State or country) <u>Putnam Co</u> | | |
| PARENTS | 10 NAME OF FATHER <u>Leri Swearingain</u> | |
| | 11 BIRTHPLACE OF FATHER (State or country) <u>Putnam Co</u> | |
| | 12 MAIDEN NAME OF MOTHER <u>Effie Carlton</u> | |
| 13 BIRTHPLACE OF MOTHER (State or country) <u>North Carolina</u> | | |

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Viola Allen
 [Address] Cookerill R8

15 Filed July 22 1922 G. M. Ballard
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 27 1922
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____ to _____ 191____, that I last saw h_____ alive on _____ 191____, and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows:
no medical aid in attendance.
just fell dead 204
 [Duration] yrs. mos. ds.

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

Signed _____ M. D.
 _____, 191____ Address _____

* 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 DATE OF BURIAL

Dodson Branch July 28 1922
 20 UNDERTAKER ADDRESS