

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

7 83
37

1 PLACE OF DEATH

County Jackson

Civil Dist. first

OR
Village

OR
City Gainesboro (No. , St.; Ward)

Registration District No. 441

Primary Registration District No. 44401

File No. 2

Registered No. _____

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

2 FULL NAME Tom Marrian Smith

PERSONAL AND STATISTICAL PARTICULARS

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

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

7 AGE 51 yrs. 1 mos. 0 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER George Smith

11 BIRTHPLACE OF FATHER (State or country) Jackson

12 MAIDEN NAME OF MOTHER Aggie Smith

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Alta Smith

(Address) Gainesboro

15 Filed March 24 1924 Mrs Alta Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 9 1924 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from no fur 1922 to 1924, that I last saw h... alive on 1924

and that death occurred, on the date stated above, at M The CAUSE OF DEATH* was as follows:

Rheumatism 52

[Duration] 4 yrs. 0 mos. 0 ds.

Contributory [SECONDARY] Arthritis Deformans

[Duration] 15 yrs. 0 mos. 0 ds.

Signed R. C. Jan M. D. Apr 9 1924 Address Gainesboro 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 Funeral Home DATE OF BURIAL Feb 10 1924

20 UNDERTAKER Drape and Paper ADDRESS Gainesboro

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.