

STATE OF TENNESSEE

419

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. #4

Village _____

City _____ (No. _____, St. _____, Ward _____)

Registration District No. 4404

Primary Registration District No. _____

File No. _____

Registered No. 5

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

2 FULL NAME Lee Brown Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED widowed6 DATE OF BIRTH Nov 2, 1846
(Month) (Day) (Year)7 AGE 77 yrs. 7 mos. 25 ds.
If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer (Retd)
(b) General nature of industry, business, or establishment in which employed (or employer) 0009 BIRTHPLACE (State or country) Smith Co Tenn10 NAME OF FATHER Able Smith11 BIRTHPLACE OF FATHER (State or country) Pleasant Shad

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (State or country) Pleasant Shad

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. J. Clark
(Address) Red Bailing Spgs Tenn15 Filed 5-27, 1924 Patt Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 27, 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1923, to April 17, 1924 that I last saw him alive on April 17, 1924 and that death occurred, on the date stated above, at 8:00 a.m.The CAUSE OF DEATH* was as follows:
I suppose, cerebral hemorrhage,
He had two previous attacks.
(Duration) _____ yrs. _____ mos. _____ ds.Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) J. J. Beasley M. D.
May 21, 1924 (Address) Pleasant Shad

*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 Red Bailing Spgs Tenn R 119 PLACE OF BURIAL OR REMOVAL Russell Hill DATE OF BURIAL May 28, 192420 UNDERTAKER Tom Sanderson ADDRESS Pleasant Shad

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.

IN

MARGIN RESERVED FOR BINDING