

1 PLACE OF DEATH

County JacksonCivil Dist. 14Village Hainsboro Pk 4

City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 44414Primary Registration District No. 14

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

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

2 FULL NAME William Smith

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)6 DATE OF BIRTH January 29 1846  
(Month) (Day) (Year)7 AGE 78 yrs. 9 mos. 25 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Farmer 000  
(b) General nature of industry, business, or establishment in which employed (or employee)9 BIRTHPLACE (State or country) Smith Co., Tenn.10 NAME OF FATHER J. C. Smith11 BIRTHPLACE OF FATHER (State or country) Smith Co., Tenn.12 MAIDEN NAME OF MOTHER Lavina Sexton13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Bette Tyree[Address] Defeated, Tenn.15 Defeated, Tenn.Filed Dec 27 1924

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 24 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from November 19 1924, to November 24 1924, that I last saw him live on November 24 1924 and that death occurred, on the date stated above, at 11:30 AM. The CAUSE OF DEATH\* was as follows: 75a  
ParaplegiaContributory (SECONDARY) \_\_\_\_\_  
(Duration) yrs. mos. ds.Signed J. M. Wheeler M. D.  
11-25-24 Address Defeated, Tenn.

\* State the DISEASE CAUSING DEATH, or, in death 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. mo. ds. In the State \_\_\_\_\_  
Where was decedent contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_19 PLACE OF BURIAL OR REMOVAL Family Cemetery DATE OF BURIAL 11-25-2420 UNDERTAKER F. B. M. Russell ADDRESS Defeated, Tenn.DO NOT TEAR OUT  
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.