

STATE OF TENNESSEE 493

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. P

Village _____

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

Registration District No. 44409

Primary Registration District No. _____

File No. 10

Registered No. _____

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

2 FULL NAME none

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ma 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)6 DATE OF BIRTH Dec 31 1924
(Month) (Day) (Year)7 AGE Still Born If LESS than 1 day, _____ hrs. or _____ min.?
yrs. mos. da.8 OCCUPATION none
(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) Tenn.10 NAME OF FATHER Whitton Smith11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Lizzie Overton13 BIRTHPLACE OF MOTHER (State or country) Tenn.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Whitton Smith[Address] Cookeville, R 815 Filed Jan 7 1925 A. M. Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 31 1924
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____, that I last saw him alive on _____, 192____,

and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:

Still Born
no doctor
[Duration] yrs. mos. da.Contributory [SECONDARY] _____
[Duration] yrs. mos. da.Signed _____ M. D.
_____, 192____ 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. _____ da. In the State _____ yrs. _____ mos. _____ da.
Where was disease contracted, if not at place of death?
Former or usual residence: _____19 PLACE OF BURIAL OR REMOVAL Smith cemetery DATE OF BURIAL _____
20 UNDERTAKER Friends ADDRESS _____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.