STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

29737

CERTIFICATE OF DEATH

Registration District No. 14,406 File No. 15

Primary Registration District No. Registered No.

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

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.

1 PLACE OF DEATH

County Jackson

Civil Dist. 6

OR

Village

OR

City (No. , St.; Ward)

2 FULL NAME Willow Dean Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): infant

6 DATE OF BIRTH: Dec (Month) 28 (Day) 1929 (Year)

7 AGE: yrs. mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(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): Jackson Co Tenn

PARENTS

10 NAME OF FATHER: Harrison Smith

11 BIRTHPLACE OF FATHER [State or country]: Jackson Co

12 MAIDEN NAME OF MOTHER: Ethel Spivey

13 BIRTHPLACE OF MOTHER [State or country]: Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Harison Smith

[Address] Gainesboro

15

Filed Jan 8 1930 mrs T H Norton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 31 (Day) 1929 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 192 . to , 192 ,

that I last saw h alive on , 192

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

The CAUSE OF DEATH* was as follows: 205b

Unknown

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

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. State whether or not an operation was performed.

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: Tony Cemetary

DATE OF BURIAL: Jan 1 1930

20 UNDERTAKER: Jamie Stafford

ADDRESS: Gainesboro