

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 White
 Civil Dist. 3rd
 OR
 Village Doyle
 OR
 City Tenn (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

11785

Registration District No. 943
 Primary Registration District No. _____

File No. 22
 Registered No. 22

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

2 FULL NAME Rud Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)
 6 DATE OF BIRTH Sept. 2, 1874
 (Month) (Day) (Year)
 7 AGE 52 yrs. _____ mos. _____ ds. If LESS than I day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Ben Smith

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Nancy Herd

13 BIRTHPLACE OF MOTHER [State or country] _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] M. M. Smith
 [Address] Manchester, Tenn

15 Filed May 26 1927
Miss D. B. Sparkman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 24, 1927
 (Month) [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 5-1-1927 to 5-24-1927
 that I last saw h_____ alive on 5-2-1927
 and that death occurred, on the date stated above, at 8:30 PM
 The CAUSE OF DEATH* was as follows:

Palagra

Contributory [SECONDARY] _____
 [Duration] _____ yrs. _____ mos. _____ ds.

Signed H. B. Ausban M. D.
5-25-1927 Address Doyle, Tenn

* 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 Smith cemetery DATE OF BURIAL May 25, 1927
 20 UNDERTAKER White Co. Burial Co. ADDRESS Doyle, Tenn