

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. 13
 OR
 Village Ravenscraft
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

21368

CERTIFICATE OF DEATH

Registration District No. 945
 Primary Registration District No. 13

File No. _____
 Registered No. 24

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

2 FULL NAME Lillard, Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE Col 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)
 6 DATE OF BIRTH June 15 1895
 (Month) (Day) (Year)
 7 AGE 32 yrs. 3 mos. 12 ds. If LESS than 1 day, _____ hrs. or _____ min.?
 8 OCCUPATION (a) Trade, profession, or particular kind of work On Farm 010
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Ras. Smith

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Katie. Tompkins

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs. Lillard. Smith

[Address] Ravenscraft, Tenn

15

Filed _____ 1927

Mary L Cameron
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 27 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, that I attended deceased from Day 8 1927, to Sept 27, 1927, that I last saw him alive on Sept 26, 1927, and that death occurred, on the date stated above, at 4 AM

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
31

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

Contributory [SECONDARY]

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

Signed Vernon Hutton M. D.

Sept 30 1927 Address Ravenscraft

* 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 _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Lee Cemetery

9/28 1927

20 UNDERTAKER

ADDRESS

H B Hunter

Posta