

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

28536

County White

Civil Dist. # 1

Village Sparta. #4

City (No. , St.; Ward)

Registration District No. 941

Primary Registration District No. 1

File No. _____

Registered No. 60

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

2 FULL NAME Joseph. Gooch. Smith

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

16 DATE OF DEATH Dec 15 1927
[Month] [Day] [Year]

6 DATE OF BIRTH April 25 1854
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1925 to 1926

7 AGE 73 yrs. 7 mos. 20 ds. If LESS than 1 day, _____ hrs. or _____ min.?

that I last saw h. _____ alive on _____, 1927 and that death occurred, on the date stated above, at 5:15 P M
The CAUSE OF DEATH* was as follows:

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

Mitral heart lesion
[Duration] _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (State or country) Tennessee

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

10 NAME OF FATHER John. Smith

Signed A. E. Gammis M. D.
12 22 1927 Address Sparta

11 BIRTHPLACE OF FATHER [State or country] Tennessee

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

12 MAIDEN NAME OF MOTHER Elizabeth. Downey

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Mrs. Mary. Smith

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 _____

[Address] Sparta. #4

19 PLACE OF BURIAL OR REMOVAL Mt. Gilead. Cemetry DATE OF BURIAL 12/16, 1927

15 Filed 12/20 1927 A. L. Richards REGISTRAR

20 UNDERTAKER N. B. Hunter ADDRESS Sparta