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THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN IN ATTENDANCE HEALTH OFFICER/CORONER, IF IT WAS HELD, MUST COMPLETE AND SIGN MEDICAL CERTIFICATION. IF OF SIGNATURE CANNOT BE OBTAINED

CAUSE OF DEATH. ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C. THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

FORM 120

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

Dr. Hyatt

DIVISION OF VITAL STATISTICS

BIRTH NO. 8435

DEATH NO. 55-11639

1. NAME: Dora (First) Peyton (Middle) Rice Smith (Last) 2. DATE OF DEATH: 5 (Month) 12 (Day) 55 (Year)

3. COLOR OR RACE: W | 4. SEX: F | 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed | 6. DATE OF BIRTH: Month 8 Day 19 Year 1869 | 7. AGE (IN YEARS LAST BIRTHDAY): 85 | IF UNDER 1 YR. Months: Days: | IF UNDER 24 HRS. Hours: Mins.:

8. PLACE OF DEATH
A. COUNTY: Tipton B. CIVIL DISTRICT: 1
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Covington
D. LENGTH OF STAY IN THIS PLACE: 41 years
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location): 129 Simonton

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn B. COUNTY: Tipton C. CIVIL DISTRICT: 1
D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Covington, Tenn.
E. STREET ADDRESS (IF RURAL, GIVE LOCATION): 129 Simonton

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Homemaker
11. SOCIAL SECURITY NUMBER: None

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, OR UNKNOWN: No
IF YES, GIVE WAR AND DATES OF SERVICE:
13. BIRTHPLACE (State or Foreign Country): Tipton Co. Tenn.
14. CITIZEN OF WHAT COUNTRY?: USA

15. FATHER'S NAME: James Newton Rice
16. MOTHER'S MAIDEN NAME: Betty Edith Goforth
17. INFORMANT: Miss Mary Smith ADDRESS: 129 Simonton Covington, Tenn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(A) Cerebral Hemorrhage 33 — 14 da
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis Generalized — 450
DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20A. AUTOPSY YES ☐ NO ☒ | 20B. FINDINGS AT AUTOPSY

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) | 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Bldg., etc.) | 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE

21D. TIME OF INJURY Month Day Year Hour | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: M. D. Hyatt M.D. ☒ OTHER (SPECIFY) ☐ JUN 9 1955
ADDRESS: Covington Tenn
DATE: 6-3-55

23A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23B. DATE OF BURIAL, CREMATION, OR REMOVAL: JUNE DELLIS DEP
23C. NAME OF Cemetery or Crematory: Munford
23D. LOCATION CITY, TOWN OR COUNTY STATE: Covington, Tenn.

24. FUNERAL DIRECTOR ADDRESS: Maley Funeral Home Covington, Tenn.
25. REGISTRATION DIST. NO.: 28401
26. DATE SIGNED BY LOCAL REG.: 6-3-55
27. REGISTRAR'S SIGNATURE: Marie C. Castellow Dep. Reg.