

Dr. Harman

0304

CERTIFICATE OF DEATH

7056

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DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

REG. DIST. NO.

40304

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

0304

1. FULL NAME Mahsis Ann Smathers 2. DATE OF DEATH Feb 5 1942

WRITE LEGIBLY USE INK

3. PLACE OF DEATH:		4. LEGAL RESIDENCE:	
A) COUNTY <u>Benton</u> CIVIL DISTRICT <u>4</u>		A) STATE <u>Tenn</u> CIVIL DISTRICT <u>4</u>	
B) CITY OR TOWN <u>Rural</u> (IF OUTSIDE CITY LIMITS, WRITE RURAL)		C) CITY OR TOWN <u>Halladay, Ind. 1-</u> (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)	
C) NAME OF HOSPITAL (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)		D) STREET NO.	
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____		E) IF FOREIGN BORN HOW LONG IN U.S.A. _____ YRS.	
MEDICAL CERTIFICATION			
5. RACE OR COLOR <u>W</u>		6. SEX <u>F</u>	
7. SINGLE, MARRIED, <u>WIDOWED, DIVORCED</u>		20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Feb 1 1942</u> TO <u>Feb 5 1942</u> AND THAT I LAST SAW HIM ALIVE ON <u>Feb 5 1942</u> AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.	
8. AGE <u>67</u> YEARS MONTHS <u>5</u> DAYS <u>4</u>	IF LESS THAN ONE DAY HRS. _____ MINS. _____		IMMEDIATE CAUSE OF DEATH: <u>Colic pneumonia</u>
9. DATE OF BIRTH: MONTH <u>Oct</u> DAY <u>1st</u> YEAR <u>1874</u>	DURATION <u>7 days</u>		107
10. PLACE OF BIRTH: CITY OR COUNTY <u>Benton</u> STATE OR COUNTRY <u>Tenn</u>	11. HUSBAND OR WIFE OF <u>J. S. Smathers</u>		11. PHYSICIAN LAST IN ATTENDANCE IN THIS DISTRICT WHERE DEATH OCCURRED.
AGE OF HUSBAND OR WIFE, IF LIVING <u>70</u> YEARS		12. IF VETERAN NAME OF WAR _____ SOCIAL SECURITY NUMBER _____	
13. USUAL OCCUPATION <u>Handwork</u>		14. INDUSTRY OR BUSINESS _____	
15. FULL NAME <u>James Henderson Barnes</u>		16. MAIDEN NAME <u>Angelyn Leaver</u>	
BIRTHPLACE <u>_____</u> COUNTY <u>_____</u> STATE OR COUNTRY <u>Tenn</u>		BIRTHPLACE <u>_____</u> COUNTY <u>_____</u> STATE OR COUNTRY <u>Tenn</u>	
17. INFORMANT <u>Lillie M Butler</u>		18. BURIAL, REMOVAL OR CREMATION <u>Burial</u> DATE <u>Feb 3 1942</u>	
ADDRESS <u>Buena Vista</u>		CEMETERY <u>Liberty</u> PLACE <u>Halladay</u>	
19. UNDERTAKER <u>Carroll Funeral Home</u>		ADDRESS <u>Carroll</u> BY <u>J. L. Leaver</u>	
DATE FILED <u>April 10 1942</u>		SIGNATURE <u>A. B. Harman</u> M.D.	
REGISTRAR		ADDRESS <u>Carroll</u> DATE SIGNED <u>Feb 27</u>	

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE WITH A PHOTOSTAT.