

MARGIN RESERVED FOR BINDING  
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 Henry  
Civil Dist. \_\_\_\_\_  
OR  
Village \_\_\_\_\_  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

*Dr*  
Dustin  
Hollow Rock  
344

Registration District No. A01 File No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

2 FULL NAME Mrs. M. C. Smith

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH see 6 1 84 2 2  
(Month) (Day) (Year)

7 AGE 81 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER David R Green

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Smith

13 BIRTHPLACE OF MOTHER (State or country) Just Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] H. L. Smith

[Address] Paris

15 June 1, 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 26 - 1928  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 5-21- 1928, to 5-26- 1928, that I last saw her alive on 5-25- 1928, and that death occurred, on the date stated above, at 8 M The CAUSE OF DEATH\* was as follows:

Lobar Pneumonia 101a

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 ds.  
Contributory [SECONDARY] Old age + Heart lesion

Signed S. H. Duncan M. D.  
7-5- 1928 Address Hollow Rock

\* 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 Martins Creek DATE OF BURIAL 5/27 1928

20 UNDERTAKER J. S. Speer ADDRESS Paris