

CERTIFICATE OF DEATH

13871

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO.	40918
REG. DIST. NO.	91

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

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

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

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 BY A PHOTOSTAT.

1. FULL NAME <i>0918</i> <i>0918</i> <u>Thomas Green Smothered</u>		2. DATE OF DEATH <u>5/17</u> 19 <u>46</u>	
3. PLACE OF DEATH: A) COUNTY <u>Carroll</u> CIVIL DISTRICT <u>18</u> B) CITY OR TOWN <u>Brentwood, R# 2.</u> (IF OUTSIDE CITY LIMITS, WRITE RURAL) C) NAME OF HOSPITAL _____ (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS) D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____		4. USUAL RESIDENCE A) STATE <u>Tenn</u> B) COUNTY <u>Carroll</u> CIVIL DISTRICT <u>18</u> C) CITY OR TOWN <u>Rural</u> (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.) D) STREET NO. _____ E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO) IF YES, NAME COUNTRY _____	
5. RACE OR COLOR <u>W</u> 6. SEX <u>M</u> 7. SINGLE, WARRIED WIDOWED, DIVORCED		MEDICAL CERTIFICATION	
8. AGE <u>74</u> YEARS <u>4</u> MONTHS <u>24</u> DAYS IF LESS THAN ONE DAY HRS. MINS.		20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Apr 10</u> 19 <u>46</u> TO <u>May 17</u> 19 <u>46</u> AND THAT I LAST SAW HIM ALIVE ON <u>May 16</u> 19 <u>46</u> AND THAT DEATH OCCURRED ON THE DATE STATED AT <u>6 A.M.</u>	
9. DATE OF BIRTH: MONTH <u>Dec</u> DAY <u>24</u> YEAR <u>1871</u>		IMMEDIATE CAUSE OF DEATH: <u>Cancer of Stomach</u> DURATION <u>8 1/2 weeks</u>	
10. PLACE OF BIRTH: CITY OR COUNTY <u>Benton</u> STATE OR COUNTRY <u>Tenn</u>		DUE TO: _____	
11. HUSBAND OR WIFE OF <u>Lillie Smothered</u> AGE OF HUSBAND OR WIFE, IF LIVING <u>74</u> YEARS		OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____	
12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____ NAME OF WAR _____		OPERATION? _____ FINDINGS _____	
13. USUAL OCCUPATION <u>At Home</u>		AUTOPSY? _____ FINDINGS _____	
14. INDUSTRY OR BUSINESS _____		21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING: A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____ B) DATE OF OCCURRENCE _____ C) WHERE DID INJURY OCCUR _____ CITY COUNTY STATE _____ D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____	
15. FULL NAME <u>Thomas Jordan Smothered</u> BIRTHPLACE CITY OR COUNTY <u>Benton</u> STATE OR COUNTRY <u>Tenn</u>		WHILE AT WORK _____ MEANS OF INJURY _____	
16. MAIDEN NAME <u>Martha Jane Hally</u> BIRTHPLACE CITY OR COUNTY <u>Benton</u> STATE OR COUNTRY <u>Tenn</u>		SIGNATURE <u>A. T. Cay</u> M.D. ADDRESS <u>Hallow Road</u> DATE SIGNED <u>5/17/46</u>	
17. INFORMANT <u>Mr. Lillie Butler</u> ADDRESS <u>Robert Road, Tenn</u>		DATE FILED <u>7-8</u> 19 <u>46</u> <u>Rosal Wherris</u> REGISTRAR	
18. BURIAL, REMOVAL OR CREMATION <u>Buried</u> DATE <u>5/18</u> 19 <u>46</u> CEMETERY <u>Liberty</u> PLACE <u>Brentwood, Tenn</u>		19. UNDERTAKER <u>Carroll Funeral Home</u> ADDRESS <u>Candler, Tenn</u> By <u>Frank S. Cain</u>	