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.*

STATE OF TENNESSEE 345

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Carroll

Civil Dist. 18

OR
Village

OR
City Buena Vista No. St. Ward

Registration District No. File No.

Primary Registration District No. Registered No.

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

2 FULL NAME Sara Elizabeth Smathers

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH ..... (Month) ..... (Day) ....., 1..... (Year)

7 AGE 80 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

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

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Sam Crockett

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Sydna Higdon

13 BIRTHPLACE OF MOTHER [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Frank Smathers

[Address] Buena Vista

15 Filed Dec 18, 1923 L D Murphy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 18, 1923
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 19 1919, to Nov 18, 1923, that I last saw her alive on Nov. 18, 1923, and that death occurred, on the date stated above, at 8:00 M

The CAUSE OF DEATH* was as follows: Valvular lesion of heart

..... [Duration] 2 yrs. ..... mos. ..... ds.

Contributory [SECONDARY] Neurasthenia

..... [Duration] ..... yrs. ..... mos. ..... ds.

Signed C J Cox M. D.

Nov 20, 1923 Address Buena Vista Tenn

* 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	DATE OF BURIAL
Antioch	Nov 19, 1923
20 UNDERTAKER	ADDRESS