4063
22
4007
BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

DEATH NO. 57-08974

1. NAME Robert (FIRST) Franklin (MIDDLE) Smothers (LAST)

2. DATE OF DEATH 4-9-1957 (MONTH DAY YEAR)

3. COLOR OR RACE W

4. SEX M

5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Single

6. DATE OF BIRTH (MONTH DAY YEAR) 12-6-1878

7. AGE (IN YEARS LAST BIRTHDAY) 78

IF UNDER 1 YR. MONTHS DAYS

IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH
A. COUNTY Henry
B. CIVIL DISTRICT 1
C. CITY OR TOWN Paris
D. LENGTH OF STAY IN THIS PLACE 2 Days
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) Henry County Gen.
F. INSIDE CITY LIMITS? YES [X] NO [ ]

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE Tenn.
B. COUNTY Henry
C. CIVIL DISTRICT 7
D. CITY OR TOWN Paris, Tenn.
E. INSIDE CITY LIMITS? YES [ ] NO [X]
F. STREET ADDRESS (OR LOCATION) R. 3 Paris
G. IS RESIDENCE ON A FARM? YES [X] NO [ ]

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) Farmer

10B. KIND OF BUSINESS OR INDUSTRY Farming

11. SOCIAL SECURITY NUMBER None

12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN no
IF YES, GIVE WAR OR DATES OF SERVICE

13. BIRTHPLACE (State or Foreign Country) Tennessee

14. CITIZEN OF WHAT COUNTRY? U. S. A.

15. NAME OF HUSBAND OR WIFE Single

16. FATHER'S NAME Taylor Smothers

17. MOTHER'S MAIDEN NAME Sarah E. Crockett

18. INFORMANT W. H. Smothers, Huntingdon, Tenn.
ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH
Enter only one cause per line for (A), (B), (C)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A) Pneumonia — 052 — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last
DUE TO (B) Cyrrhosis 493 — 5 days
DUE TO (C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

20. WAS AUTOPSY PERFORMED? YES [ ] NO [✓]

21A. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)

21C. TIME OF INJURY: HOUR A. M. P. M. MO. DAY YR.

21D. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.)

21F. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE J. G. Jones
M.D. [✓] D.O. [ ] OTHER (SPECIFY)
ADDRESS Paris, Tenn.
DATE 18 Apr 57

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23B. DATE OF BURIAL, CREMATION, OR REMOVAL 4-10-1957

23C. NAME OF Cemetery or Crematory Pleasant Hill

23D. LOCATION CITY, TOWN OR COUNTY STATE Benton County Tenn.

24. FUNERAL DIRECTOR Milligan & Ridgeway, Paris, Tenn.
ADDRESS

25. REGISTRATION DIST. NO. 24001

26. DATE SIGNED BY LOCAL REG. 4-17-57

27. REGISTRAR'S SIGNATURE Evelyn Martin, Dep.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE — PUBLIC HEALTH SERVICE

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

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN: ENDED DURING LAST ... MUST GIVE DEFINED DEATH AND MEDICAL ... ON. ANY COUNTY HEALTH OFFICER OR EXECUTING ... MUST SIGN CERTIFICATE WITHIN 2 HOURS. SIGNATURE DELEGATED.

CAUSE OF ... DO NOT GIVE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. GIVE THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 2 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

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