Form V. S. No. 4

Size 8½ x 7¼

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

13423

County: Carroll

Civil Dis.: 16th or Village ____ or City ____ (No. ____, ____ St.; ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 40916

Primary Registration District No. 16

File No. 7

Reg. No. 634

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME: J. E. Smothers

(a) Residence: No. ____ St., ____ Ward. (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Leona Austin

6. DATE OF BIRTH (month, day, and year): Dec. 22, 1887

7. AGE: Years 45, Months 6, Days 16. If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: On Farm

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Tenn.

FATHER

13. NAME: Taylor Smothers

14. BIRTHPLACE (city or town) (State or country): Tenn.

MOTHER

15. MAIDEN NAME: Sarah E. Crocket.

16. BIRTHPLACE (city or town) (State or country): Tenn.

17. INFORMANT: Mrs. J. F. Butler. (Address): Huntingdon, Tenn.

18. BURIAL, CREMATION, OR REMOVAL. Place: Prospect Cem. Date: July 9, 1933

19. UNDERTAKER: R. F. Dilday & Son. (Address): Huntingdon, Tenn.

20. FILED ____ 19____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19____, to No doctor saw him 19____. I last saw h____ alive on ____ 19____, death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance in order of onset were as follows: Sudden death. I saw him about 30 min after he died. — Date of onset: ____

Contributory causes of importance not related to principal cause: ____ 204 / 199

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) L. E. Trenthem [illegible], M. D.

(Address) Bruceton