

CERTIFICATE OF DEATH

7232

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

REG. NO. <u>28</u>	1
REG. DIST. NO. <u>31</u>	

1. FULL NAME Lora Alice Smathers 2. DATE OF DEATH March 26 1948
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
 A) COUNTY Benton CIVIL DISTRICT 5
 B) CITY OR TOWN Rural
(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 Life

4. USUAL RESIDENCE
 A) STATE Tenn
 B) COUNTY Benton CIVIL DISTRICT 5
 C) CITY OR TOWN Candor R.F.D.
(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 W 6. SEX F 7. SINGLE, MARRIED, WIDOWED, Widowed
 8. AGE 92 YEARS 11 MONTHS 18 DAYS IF LESS THAN ONE DAY
HRS. MINS.

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Mar 28 1948 TO Mar 26 1948
 AND THAT I LAST SAW HIM ALIVE ON Mar 24 1948
 AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.

9. DATE OF BIRTH: MONTH April DAY 8 YEAR 1856

IMMEDIATE CAUSE OF DEATH:
Malignancy Eye lid
 DURATION 3 mo
53

10. PLACE OF BIRTH: CITY OR COUNTY Benton STATE OR COUNTRY Tenn

11. HUSBAND OR WIFE OF unknown
 AGE OF HUSBAND OR WIFE, IF LIVING _____ YEARS

12. IF VETERAN NAME OF WAR _____ SOCIAL SECURITY NUMBER none

13. USUAL OCCUPATION Homestic

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____
 OPERATION? FINDINGS _____
 AUTOPSY? FINDINGS _____

14. INDUSTRY OR BUSINESS _____

15. FATHER FULL NAME Henry Baggett
 BIRTHPLACE CITY OR COUNTY Benton STATE OR COUNTRY Tenn

16. MOTHER MAIDEN NAME unknown
 BIRTHPLACE CITY OR COUNTY unknown STATE OR COUNTRY _____

17. INFORMANT Lagan Smathers
 ADDRESS Candor Tenn

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? _____

18. BURIAL, REMOVAL OR CREMATION Burial DATE March 28 1948
 CEMETER Pleasant Hill PLACE Candor

19. UNDERTAKER Stevendale Malin
 ADDRESS Candor BY Fopius Malin

DATE FILED April 20 1948 BY C. H. Barnes REGISTRAR

SIGNATURE A. T. Kieck M.D.
 ADDRESS Candor DATE SIGNED 4-12-48

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.

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

IF THERE WAS NO PHYSICIAN IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER OR CORONER, IF INSTANT WAS HELD).

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