

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.

1 PLACE OF DEATH

County Benton
 Civil Dist. H 7th
 OR
 Village _____
 OR
 City _____

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

29

Registration District No. H 304
 Primary Registration District No. _____

File No. _____

Registered No. 16

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

2 FULL NAME

D. B. Mitchell

St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>
6 DATE OF BIRTH <u>June 7 1872</u> (Month) (Day) (Year)		
7 AGE <u>6-8 yrs. 6 mos. 25 ds.</u>		If LESS than 1 day, _____ hrs. or _____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer VV VV</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Benton Co. Tenn.</u>		
PARENTS	10 NAME OF FATHER <u>Herst Mitchell</u>	
	11 BIRTHPLACE OF FATHER [State or country] <u>Benton Co. Tenn.</u>	
	12 MAIDEN NAME OF MOTHER <u>Louis Hicks</u>	
	13 BIRTHPLACE OF MOTHER [State or country] <u>Benton Co. Tenn.</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Chester Mitchell
 [Address] Camden Tenn.

15

Filed Jan 15 1931 B. H. Norwood
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 2 1931
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1930 to Jan 1 1931, that I last saw him alive on Jan 1 1931 and that death occurred, on the date stated above, at 6 a.m.
 The CAUSE OF DEATH* was as follows:

T. B. of the Lungs

Contributory [SECONDARY] _____
 [Duration] _____ yrs. _____ mos. _____ ds.
 Signed J. M. Smythe M. D.
Jan 3 1931 Address Camden 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

Cross Roads Cems Jan 3 1931

20 UNDERTAKER

Bivens, T. Lindsey Camden Tenn.