STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

40

Registration District No. 4 0 304
Primary Registration District No. 4
File No. 1
Registered No. 1
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
County Benton
Civil Dist. 4
OR
Village
OR
City Camden Tenn R3 (No. , St.; Ward)

2 FULL NAME unnamed - Smathers

PERSONAL AND STATISTICAL PARTICULARS

SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word):

6 DATE OF BIRTH: 3/4/20 (Month) (Day) 1 (Year)

7 AGE: yrs. mos. ds.
If LESS than 1 day, hrs. or 30 min.?

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

9 BIRTHPLACE (State or country): Benton Co

PARENTS
10 NAME OF FATHER: W. W. Smathers
11 BIRTHPLACE OF FATHER [State or country]: Benton Co
12 MAIDEN NAME OF MOTHER: Lula Allen
13 BIRTHPLACE OF MOTHER [State or country]: Benton Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] W. W. Smathers
[Address] Camden Tenn R3

15
Filed 4/9 1920 R. C. Hedges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3/4/20 [Month] [Day] 191 [Year]

17 I HEREBY CERTIFY, that I attended deceased from 191 , 191 , that I last saw h alive on 191 , and that death occurred, on the date stated above, at M
The CAUSE OF DEATH was as follows:
Cause of death unknown
[Duration] yrs. mos. ds.
Contributory [SECONDARY]
[Duration] yrs. mos. ds.
Signed L. L. Lowe Camden, M. D.
3/4 1920 Address Hollow Rock 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? Place of
Former or usual residence Buffalo Pleasant Hill

19 PLACE OF BURIAL OR REMOVAL: Lester Allen
DATE OF BURIAL: 3/5 1920

20 UNDERTAKER
ADDRESS Camden Tenn

Form V. S. No. 5.— Tennessee Industrial School Print.