

STATE OF TENNESSEE

18

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Benton
Civil Dist. 1st Registration District No. 51 File No. _____
or
Village _____ Primary Registration District No. _____ Registered No. _____
or
City Campden (No. _____, _____ St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Sam Smith

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH Nov 8, 1865
(Month) (Day) (Year)

7 AGE 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Turning
(b) General nature of industry, business, or establishment in which employed (or employer) 100

9 BIRTHPLACE

(State or country) Benton Co Tenn

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. L. Smith
(Address) Campden Tenn

15 Filed 2-7, 1919 W. L. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 9, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 29 1919, to Jan 29, 1919, that I last saw him alive on _____, 1919,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Eu do corditis 90
..... (Duration) yrs. mos. ds.

Contributory

(SECONDARY) _____ (Duration) yrs. mos. ds.
(Signed) W. L. Smith, M. D.
_____, 1919 (Address) Campden

*State the DISEASE CAUSING DEATH, or, in death 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

DATE OF BURIAL

Cross Roads 2-10, 1919

20 UNDERTAKER

ADDRESS

W. L. Smith Campden

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.