

Dr. Hicks

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN IN ATTENDANCE, HEALTH OFFICER OR OTHER PERSONER, WHO WAS PRESENT AT DEATH, MUST SIGN CERTIFICATION. SIGNATURE OF SIGNER NOT TO BE

CAUSE OF DEATH. ONE OR MORE FOR WHICH DOES NOT AS REASON AS- HENIA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

FORM 120

0305
10

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE
COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO. **51-14703**

BIRTH NO. 0305

1. NAME Ernest Hawkins Smothers 2. DATE OF DEATH June 1, 1951
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE W 4. SEX M 5. SINGLE MARRIED WIDOWED DIVORCED (SPECIFY) 6. DATE OF BIRTH May 3, 1879 7. AGE (IN YEARS LAST BIRTHDAY) 72 8. PLACE OF DEATH 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)

A. COUNTY Benton B. CIVIL DISTRICT 5a A. STATE Tenn B. COUNTY Benton C. CIVIL DISTRICT 5a
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Candor D. LENGTH OF STAY IN THIS PLACE years D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Candor
E. NAME OF HOSPITAL (If not in Hospital or Institution, Give Street Address and Location) E. STREET (IF RURAL, GIVE LOCATION) ADDRESS

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Retired at Theater 10B. KIND OF BUSINESS OR INDUSTRY Moving Pictures 11. SOCIAL SECURITY NUMBER
12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN NO IF YES, GIVE WAR AND DATES OF SERVICE 13. BIRTHPLACE (State or Foreign Country) Benton Co. 14. CITIZEN OF WHAT COUNTRY? U.S.

15. FATHER'S NAME James F. Smothers 16. MOTHER'S MAIDEN NAME Elizabeth Barner 17. INFORMANT Miss Willie Hoadley ADDRESS Candor, Tenn

18. CAUSE OF DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Malignancy Kidney INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)
DUE TO (C)
2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION 1946 19B. MAJOR FINDINGS OF OPERATION Cancer Kidney 20A. AUTOPSY YES NO 20B. FINDINGS AT AUTOPSY

21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Build'g, etc.) 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE
21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE A. T. Hicks M.D. OTHER (SPECIFY) ADDRESS Candor, Tenn DATE 6/10/51

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL 6/2/51 23C. NAME OF Cemetery or Crematory Cedar Grove 23D. LOCATION CITY, TOWN OR COUNTY STATE Candor, Tenn

24. FUNERAL DIRECTOR ADDRESS Candor Funeral Home, Candor, Tenn 25. REGISTRATION DIST. NO. 43005 26. DATE SIGNED BY LOCAL REG 7-5-51 27. REGISTRAR'S SIGNATURE E. A. Barner



RECEIVED

JUN 10 1951

STATE HEALTH DEPT.