

The deceased person being buried that was  
 interred in City for that compliance  
 MARY HARRIS FOR DEWINE

THIS IS A DEPARTMENT RECORD. COPY THIS TO THE  
 COUNTY HEALTH OFFICE. ALL INFORMATION SHOULD BE  
 REPORTED TO THE COUNTY HEALTH OFFICE. THIS IS A  
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STATE OF TENNESSEE  
 STATE DEPARTMENT OF HEALTH  
 Division of Vital Statistics  
**CERTIFICATE OF DEATH** 4154

County: Smith  
 Civil Dis.: 7  
 Village: \_\_\_\_\_  
 City: INA Registration District No. 48108  
 Primary Registration District No. 48108  
 No. \_\_\_\_\_  
 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

1. FULL NAME: Corbett H. Harris  
 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

PERSONAL AND STATISTICAL PARTICULARS

SEX: <u>Male</u>	RACE: <u>White</u>	EDUCATION: <u>High School</u>
DATE OF BIRTH: <u>May 2 1918</u>	AGE: <u>20</u>	SEX: <u>Male</u>
DATE OF DEATH: <u>Jan 19 1938</u>	AGE AT DEATH: <u>17</u>	SEX: <u>Male</u>
1. OCCUPATION: <u>Labrador</u>		
2. RESIDENCE: <u>Bullman</u>		
3. BUSINESS: <u>Labrador</u>		
4. MARITAL STATUS: <u>Single</u>		
5. USUAL RESIDENCE: <u>Mary Ann Office</u>		
6. BIRTHPLACE: <u>Whites Cr.</u>		
7. DEATH PLACE: <u>Smith County</u>		
8. PLACE OF BIRTH: <u>Smith County</u>		
9. PLACE OF DEATH: <u>Smith County</u>		

MEDICAL CERTIFICATE OF DEATH

1. CAUSE OF DEATH: Septicemia

2. DISEASE OR INJURY: Septicemia

3. PERIOD OF ILLNESS: 115 1/2

4. CHARACTER OF DEATH: Advanced

5. PLACE OF DEATH: Smith County

6. TIME OF DEATH: Jan 19 1938

7. PLACE OF BIRTH: Smith County

8. PLACE OF DEATH: Smith County

9. PLACE OF BIRTH: Smith County

10. PLACE OF DEATH: Smith County

11. SIGNATURE OF DECEASED: \_\_\_\_\_

12. SIGNATURE OF WITNESSES: Mary Ann Office

13. SIGNATURE OF PHYSICIAN: Whites Cr.

14. SIGNATURE OF CLERK: Smith County

15. SIGNATURE OF REGISTRAR: Smith County

16. SIGNATURE OF DECEASED: \_\_\_\_\_

17. SIGNATURE OF WITNESSES: \_\_\_\_\_

18. SIGNATURE OF PHYSICIAN: \_\_\_\_\_

19. SIGNATURE OF CLERK: \_\_\_\_\_

20. SIGNATURE OF REGISTRAR: \_\_\_\_\_