

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. D.—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  |   | STATE OF TENNESSEE  |  |
|---|---|---|--|
| County <u>Jackson</u>   |   | STATE BOARD OF HEALTH<br>Bureau of Vital Statistics   | 271  |
| Civil Dist. <u>5th</u>  | Registration District No. <u>7408</u>                           | CERTIFICATE OF DEATH  |  |
| Village _____   | Primary Registration District No. <u>5</u>                      | File No. <u>17</u>  | Registered No. _____   |
| City _____  | (No. _____, _____ St.; _____ Ward)                              | [If death occurred in a hospital or institution, give its NAME instead of street and number.]   |  |
| 2 FULL NAME _____   |   |   |  |
| PERSONAL AND STATISTICAL PARTICULARS  |   | MEDICAL CERTIFICATE OF DEATH  |  |
| 3 SEX<br><u>Boy</u>   | 4 COLOR OR RACE<br><u>Black</u>                                 | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Single</u><br><small>(Write the word)</small>   | 16 DATE OF DEATH<br><u>Dec 27, 1917</u><br><small>(Month) (Day) (Year)</small> |
| 6 DATE OF BIRTH<br><u>Dec 16, 1917</u><br><small>(Month) (Day) (Year)</small>   |   | 17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 16, 1917</u> , to <u>Dec 20, 1917</u> ; that I last saw him alive on <u>Dec 20, 1917</u> , and that death occurred, on the date stated above, at _____ m.   |  |
| 7 AGE<br>_____ yrs. _____ mos. <u>11</u> ds.  |   | If LESS than 1 day, _____ hrs. or _____ min.?   |  |
| 8 OCCUPATION<br>(a) Trade, profession, or particular kind of work _____<br>(b) General nature of industry, business, or establishment in which employed (or employer) _____ |   | The CAUSE OF DEATH* was as follows:<br><u>Inherited Tuberculosis</u><br><u>31</u>   |  |
| 9 BIRTHPLACE<br>(State or country) <u>Jackson Co</u>  |   | (Duration) _____ yrs. _____ mos. _____ ds.  |  |
| PARENTS   | 10 NAME OF FATHER<br><u>Thurman Smith</u>                       | Contributory _____<br><small>(SECONDARY)</small>  |  |
|   | 11 BIRTHPLACE OF FATHER<br>(State or country) <u>Jackson Co</u> | (Duration) _____ yrs. _____ mos. _____ ds.  |  |
|   | 12 MAIDEN NAME OF MOTHER<br><u>Nannie Myers</u>                 | (Signed) <u>W. B. Page</u> M. D.<br><u>June 21, 1918</u> (Address) <u>Granville Tenn</u>  |  |
|   | 13 BIRTHPLACE OF MOTHER<br>(State or country) <u>Jackson Co</u> | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.   |  |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant) <u>W. B. Page</u><br>(Address) <u>Granville Tenn</u>  |   | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)<br>At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.<br>Where was disease contracted, if not at place of death? _____<br>Former or usual residence _____ |  |
| 15 Filled <u>Jan 11, 1918</u> <u>W. R. Wirt</u><br>REGISTRAR  |   | 19 PLACE OF BURIAL OR REMOVAL<br><u>Near Granville</u>  | DATE OF BURIAL<br><u>28 Dec, 1917</u>  |
|   |   | 20 UNDERTAKER<br><u>Williamson Bros</u>   | ADDRESS<br><u>Granville</u>  |