

MARGIN RESERVED FOR BINDING

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.

1 PLACE OF DEATH

County Benton  
Civil Dist. 14  
OR  
Village  
OR  
City

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 40314  
Primary Registration District No.

47

File No. 71

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME J. Jordan Smothers

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 1-8-45  
(Month) (Day) (Year)

7 AGE 84 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) 000

9 BIRTHPLACE (State or country) Corrold County, Tenn.

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER [State or country]

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[Address]

15 Filed 2/6-29 Lee Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 18 1929  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191 to 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:

Apoplexy

Contributory [SECONDARY] [Duration] yrs. mos. ds.

Signed Lee Durson, M. D.

2-1-, 1929. Address Thurman Ross, W.

\* 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? Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Liberty DATE OF BURIAL 1-19-1929

20 UNDERTAKER J. McIlwain ADDRESS Halladay