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DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS  
STATE OF TENNESSEE

DEATH NO. **57-00042**

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

WRITELY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. ANY PHYSICIAN, COUNTY HEALTH OFFICER OR CORNER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE NOT BE

CAUSE OF DEATH. DO NOT DYING, FAIL, PHENIA, ETC. EASILY, OR COMP. CAUSE OF DEATH. DO NOT DYING, FAIL, PHENIA, ETC. EASILY, OR COMP. CAUSE OF DEATH.

RECTOR POSING OF B CERTI TH LO- CAL R WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - PUBLIC HEALTH SERVICE

BIRTH NO.		DEPARTMENT OF PUBLIC HEALTH <b>CERTIFICATE OF DEATH</b> DIVISION OF VITAL STATISTICS STATE OF TENNESSEE				DEATH NO. <b>57-00042</b>					
1. NAME <i>Martha Elizabeth Smothers</i>		FIRST MIDDLE LAST		2. DATE OF DEATH <i>Jan 2 1957</i>		MONTH DAY YEAR					
3. COLOR OR RACE <i>W</i>	4. SEX <i>F</i>	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Widowed</i>	6. DATE MONTH DAY YEAR OF BIRTH <i>July 1, 1875</i>		7. AGE (IN YEARS) LAST BIRTHDAY <i>81</i>	8. IF UNDER 1 YR. MONTHS DAYS	9. IF UNDER 24 HRS. HOURS MIN.				
6. PLACE OF DEATH A. COUNTY <i>Benton</i> C. CITY OR TOWN <i>Camden</i>					9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE <i>Tenn</i> B. COUNTY <i>Benton</i> C. CIVIL DISTRICT <i>4</i> D. CITY OR TOWN <i>Camden</i> E. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) <i>Domestic</i>					F. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		F. STREET ADDRESS (OR LOCATION) <i>Carroll Co.</i>			G. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even If Retired) <i>Domestic</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. SOCIAL SECURITY NUMBER		12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATE OF SERVICE				
13. BIRTHPLACE (State or Foreign Country) <i>Carroll Co.</i>			14. CITIZEN OF WHAT COUNTRY?			15. NAME OF HUSBAND OR WIFE <i>Thomas Smothers</i>					
16. FATHER'S NAME <i>W A Brockin</i>			17. MOTHER'S MAIDEN NAME <i>Judy Rebecca Butler</i>			18. INFORMANT ADDRESS <i>Robert Smothers Camden</i>					
MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
19. CAUSE OF DEATH (Enter only one cause per line for (A), (B), (C))											
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Cerebral Thrombosis</i>					332						
DUE TO (B) <i>Sclerosis (arterio)</i>					447						
DUE TO (C) <i>Chronic Hypertension</i>											
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)										20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 16) <i>1-17-57</i>								
21C. TIME OF INJURY: HOUR NO. DAY YR. A. M. P. M.			21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>								
21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.)			21F. PLACE OF INJURY		CITY OR TOWN		COUNTY		STATE		
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE			SIGNATURE <i>H T Keeton</i>				M. D. D. O. OTHER (SPECIFY) <input checked="" type="checkbox"/> <input type="checkbox"/>		ADDRESS <i>Benton Tenn</i>		DATE
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>			23B. DATE OF BURIAL, CREMATION, OR REMOVAL <i>1-4-57</i>		23C. NAME OF Cemetery or Ossuatory <i>Pleasant Hill</i>		23D. LOCATION CITY, TOWN OR COUNTY <i>Camden Tenn</i>		STATE		
24. FUNERAL DIRECTOR <i>Staxdelo Malin Camden Tenn</i>			ADDRESS		25. REGISTRATION DIST. NO. <i>46304</i>		26. DATE SIGNED BY LOCAL REG. <i>1-24-57</i>		27. REGISTRAR'S SIGNATURE <i>Inogene Robins</i>		

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