

CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 16
REG. DIST. NO.

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY
USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE BY A PHOTOSTAT.

1. FULL NAME **ARTHUR THEOPHILUS SMITH** 2. DATE OF DEATH **Jan. 3, 1946**
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
A) COUNTY **Shelby** CIVIL DISTRICT _____
B) CITY OR TOWN **Memphis**
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL **St. Joseph**
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: **2 wks** COMMUNITY **8 wks**

4. USUAL RESIDENCE A) STATE **Tenn.**
B) COUNTY **Tipton** CIVIL DISTRICT _____
C) CITY OR TOWN **Atoka**
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. **R #2**
E) CITIZEN OF FOREIGN COUNTRY **No** (YES OR NO)
IF YES, NAME COUNTRY _____

5. RACE OR COLOR W	6. SEX M	7. SINGLE, MARRIED, Married WIDOWED, DIVORCED	
8. AGE 76 YEARS	9 MONTHS	19 DAYS	IF LESS THAN ONE DAY HRS. _____ MINS. _____

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **Dec. 1, 1945** TO **Jan. 3, 1946**
AND THAT I LAST SAW HIM ALIVE ON **Jan. 2, 1946**
AND THAT DEATH OCCURRED ON THE DATE STATED AT **5:10AM**

9. DATE OF BIRTH: MONTH **March** DAY **15** YEAR **1869**

IMMEDIATE CAUSE OF DEATH:
Terminal bronchopneumonia

DURATION	
3 days	

10. PLACE OF BIRTH: CITY OR COUNTY **Tipton** STATE OR COUNTRY **Tenn.**

DUE TO: **Cerebral hemorrhage** **2 mos.**
Arteriolosclerotic hypertension **5 yrs.**

11. HUSBAND OR WIFE OF **Della Smith**
AGE OF HUSBAND OR WIFE IF LIVING **69** YEARS

OTHER CONDITIONS **uremia**
(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

12. IF VETERAN SOCIAL SECURITY NUMBER _____
NAME OF WAR _____

OPERATION? **No** FINDINGS _____

13. USUAL OCCUPATION **Retired merchant**

AUTOPSY? **No** FINDINGS _____

14. INDUSTRY OR BUSINESS **Farmer**

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

15. FULL NAME **John Smith**

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____
B) DATE OF OCCURRENCE _____
C) WHERE DID INJURY OCCUR _____
CITY COUNTY STATE

BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY **Tenn.**

DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____

16. MAIDEN NAME **Unknown**

WHILE AT WORK MEANS OF INJURY _____

BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY _____

17. INFORMANT **A. T. Smith, Jr.**

SIGNATURE **J. B. Witherington** M.D.

ADDRESS **Atoka, Tenn. R#2**

ADDRESS **1121 Madison Ave.** DATE SIGNED **Jan. 3, '46**

18. BURIAL, REMOVAL OR CREMATION **Burial** DATE **Jan. 4, 1946**

CEMETERY **Bethel** PLACE **Near Tipton, Tenn.**

19. UNDERTAKER **Maley Funeral Home**

ADDRESS **Covington, Tenn. BY J. T. Eckford, Jr.**

DATE FILED **Jan. 3, 1946** **L.M. Swaine**

REGISTRAR