

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Sevier Registration District No. 1162 File No. 6
Township Rarden Primary Registration District No. 5779 Registered No. 26809
or Village No. St. Ward
or City of (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henson Smith Did Deceased Serve in U. S. Navy or Army

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) widowed
5a If married, widowed or divorced HUSBAND of anna Smith (or) WIFE of
6 DATE OF BIRTH (month, day, and year) June 29-1866
7 AGE Years Months Days If LESS than 1 day—hrs. or—min. 64 9 7
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer). vvvv
(c) Name of employer

9 BIRTHPLACE (city or town). (State or country) Ohio

10 NAME OF DECEASED Henson Smith

11 BIRTHPLACE OF FATHER (city or town). (State or country) Ohio

12 MAIDEN NAME Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town). (State or country) Ohio

14 Informant Jessi Smith (Address) Rarden Ohio

15 Filed 5-1-31 T. Gardner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 5 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 7-1931 to Apr 4-1931 that I last saw him alive on Feb 7-1931 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis following influenza

CONTRIBUTORY (SECONDARY) Rheumatism of long standing (duration) yrs. mos. ds.

18 Where was disease contracted at home if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) G. W. Dyer M. D. (Address) Peebles Ohio

19 PLACE of Burial, Cremation, or Removal Mustard cemetery DATE OF BURIAL April 7-1931

20 UNDERTAKER Wm. H. Dyer ADDRESS Peebles

20a EMBALMER J. A. Dyer LICENSE No. 1508A

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.