

N. B.—WRITE PLAINLY WITH UNFADING INK— THIS IS A PERMANENT RECORD. 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.

Form V. S. 1-A
 FEDERAL SECURITY AGENCY
 U. S. PUBLIC HEALTH SERVICE
 NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Case File No. 15277
 Registrar's No. 171

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH: (a) County <u>Martin</u> (b) City or town <u>Draughton, Ky.</u> (c) Name of hospital or institution: (If not in hospital or institution write street number or location) (d) Length of stay: In hospital or community <u>36</u> (years, months or days)		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Ky.</u> (b) County <u>Martin</u> (c) City or town <u>Draughton</u> (If outside city or town limits, write RURAL) (d) Street No. _____ (If rural give precinct) (e) If foreign born, how long in U. S. A? _____ year	
3(a) FULL NAME <u>Nettie Smith</u> 3(b) If veteran, _____ 3(c) Social Security _____ Name war _____ No. _____		MEDICAL CERTIFICATION 20. DATE OF DEATH <u>July 11, 1948</u> 19 <u>48</u> 21. I hereby certify that I attended the deceased from <u>June 11, 1948</u> 19 <u>48</u> to <u>July 11, 1948</u> , that I last saw him alive & stated above at <u>11:10 P.M.</u> Immediate cause of death <u>Coronary</u> DURATION <u>7</u> <u>years</u> <u>arteriosclerosis</u> Due to _____ Other conditions _____ (Include pregnancy within 3 months of death)	
4. Sex <u>F</u> 5. Color or race <u>negro</u> 6(a) Single, widowed, married, divorced <u>married</u> 6(b) Name of husband or wife <u>James R. Smith</u> 6(c) Age of husband or wife if alive <u>33</u> Years 7. Birth date of deceased <u>June 16, 1889</u> (Month) (Day) (Year)		8. AGE: Years <u>59</u> Months _____ Days <u>26</u> If less than one day hr. _____ min. _____ 9. Birthplace <u>Russellville, Ky.</u> 10. Usual occupation <u>Housekeeper</u> 11. Industry or business _____	
FATHER { 12. Name <u>Richard M. Reynolds</u> 13. Birthplace <u>Ligon Lenoir, Ky.</u>		Major findings: Of operations <u>46 D</u> Of autopsy _____	
MOTHER { 14. Maiden name <u>Mattie F. Smith</u> 15. Birthplace <u>Ligon Lenoir, Ky.</u>		22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____ While at work? _____ (a) Means of injury _____	
16(a) Informant's own signature <u>James R. Smith</u> (b) Address <u>Draughton, Ky.</u> 17. BURIAL, CREMATION, OR REMOVAL Place <u>Smith Cemetery</u> <u>July 15, 1948</u>		23. Signature <u>A. J. Davis</u> (M. D. or D. O. C.) Address <u>Draughton, Ky.</u> Date signed <u>13 July 48</u>	
18(a) Signature of funeral director <u>Smith's Funeral Home</u> (b) Address <u>Draughton, Ky.</u> 19(a) <u>7-15-48</u> (Date received by local registrar) <u>Mrs. Matie H. Hodge</u> (Registrar's signature)			