

## 1. PLACE OF DEATH

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. \_\_\_\_\_

County OhioVot. Pct. RockportRegistration District No. 1128

Registered No. \_\_\_\_\_

Inc. Town "Primary Registration District No. 6954City Rockport(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Rethel Don Smith(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) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓6. DATE OF BIRTH Oct. 10 - 19297. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.  
7 7 148. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. -10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation ✓12. BIRTHPLACE Kentucky13. NAME Merl Smith14. BIRTHPLACE Kentucky15. MAIDEN NAME Lethie Wade16. BIRTHPLACE Kentucky17. INFORMANT Merl Smith  
(Address) Rockport, Ky18. BURIAL, CREMATION, OR REMOVAL  
Place Paradise Date May 25 3719. UNDERTAKER Alvin Chimes  
(Address) Rockport, Ky20. FILED 6-10-37 J. L. Buckley  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 24, 193722. I HEREBY CERTIFY That I attended deceased from May 27 to May 24, 1937I last saw him alive on May 24, 1937 death is said to have occurred on the date stated above, at 8 P. M.  
The principal cause of death and related causes of importance in order of onset were as follows:Tetanus Date of onset \_\_\_\_\_924

Contributory causes of importance not related to principal cause:

By metallic injurySevered Disc Markers  
Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_What test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 19 \_\_\_\_\_Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) Geo W. Cowley, M. D.(Address) Rockport, Ky

MARGIN RESERVED FOR BINDING

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. PHYSICIAN 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.