

## CERTIFICATE OF DEATH

File No. 4480

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

## 1. PLACE OF DEATH

County Muhlenberg

Vet. Pat. \_\_\_\_\_

Inc. Town Greenville 14

City \_\_\_\_\_

Registration District No. 1003Primary Registration District No. 2494(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Walter 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) widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH Dec 227. AGE  
Years 62 Months 1 Days - If LESS than 1 day ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. 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 Genoa13. NAME Phon Albert Smith14. BIRTHPLACE Genoa15. MAIDEN NAME Bettie Lewis16. BIRTHPLACE So. Carolina17. INFORMANT Arthur H. Smith(Address) Cincinnati, Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Nelson Court Date Jan 23 193219. UNDERTAKER M. B. McDonald(Address) Greenville 1420. FILED 7/20 1932 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 22, 193222. I HEREBY CERTIFY, That I attended deceased from 1929, 19   to 1932, 19  I last saw him alive on Jan 22, 1932, death is said to have occurred on the date stated above, at 10 m.  
The principal cause of death and related causes of importance in order of onset were as follows:Atherosclerosis  
duration years

97

Contributory causes of importance not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? no If so, specify \_\_\_\_\_(Signed) J. S. Kitzinger, M. D.  
(Address) Cincinnati, Ohio

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 checks 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.