

CERTIFICATE OF DEATH
 GEORGIA STATE BOARD OF HEALTH
 Bureau of Vital Statistics

#444
 466
 STATE FILE NUMBER

1 PLACE OF DEATH

State—Georgia.
 County Pulaski Militia District No. 364 Registered No. _____
 City or Town Hampinsville Ga. No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2 FULL NAME

(a) Residence Jim Henry Smith
(Usual place of abode, street and number)
 Length of residence in city or town where death occurred yrs. mos. ds. If NON-RESIDENT give city or town and state of residence.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race W. 5 Single, Married, Widowed, or Divorced (write the word). Widowed

5a Name of Husband or Wife, if Married, Widowed or Divorced.

6 DATE OF BIRTH (month, day and year)

7 AGE 68 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION (a) Trade, Profession or particular kind of work Farmer
 (b) General nature of Industry Business or Establishment in which employed (or employer)

9 BIRTHPLACE (State or Country) Pulaski, Ga.

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (State or Country) llllllll

12 MAIDEN NAME OF MOTHER llllllll

13 BIRTHPLACE OF MOTHER (State or Country) llllllll

14 The Above is True to the Best of My Knowledge. (Informant) J. J. Smith
 (Address) Hampinsville Ga.

15 Filed Jan 29, 1933
 Registrar H. C. Jernigan

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 18, 1932
(month, day and year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932, to Dec 18, 1932 that I last saw h_____ alive on _____, 19____ and that death occurred, on the date stated above at _____ m.

The CAUSE OF DEATH was as follows:
Heart Failure
 _____ (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

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

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? (Signed) J. J. Parham, M.D.
 (Address) Eastman Ga.

19 Place of Burial, Cremation, or Removal Date of Burial Halt Cemetery 19____

20 UNDERTAKER Lepp's Funeral
 Address Hampinsville Ga.

N. B.—WHILE FLAINLY, 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. Was death due to insanitary or dangerous conditions or occupations?

Chris Chris, The age on this Certificate is wrong. He was born in 1853, Newer 79 years old. not 68. Jannie.