

CERTIFICATE OF DEATH  
GEORGIA DEPARTMENT OF PUBLIC HEALTH

203 (7-10-41)

1. Place of Death

(a) County Jattnall Milling Dist. No. 41

(b) City or Town Reidsville  
(If Outside City or Town Limits, Write Name)

(c) Name of Hosp. or Institution none

(d) Length of Stay Before Death: Hosp. or Institution none In This Community 4 1/2 yrs.

2. Usual Residence of Deceased

(a) State Ga (b) County Jattnall

(c) City or Town Reidsville Ga  
(If Outside City or Town Limits, Write Name)

(d) R.F.D. and Box No. \_\_\_\_\_

(e) Citizen of Foreign Country? no (Yes  No ) Name (or No.) Country \_\_\_\_\_

3. Name Harold M. Smith Jr

Full Name \_\_\_\_\_ If Veteran Name War \_\_\_\_\_ Social Security Number \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATION

4. Sex male S. Race white (Marital) Married S. M

5. Status (circle) Married W. D. \_\_\_\_\_

6. Give Name of Spouse Roddie O. Smith

7. Age: 58 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 24 hrs. Hrs. \_\_\_\_\_ Min. \_\_\_\_\_

8. Date of Birth Feb 18 1891 Birth Place Jasper Co. Ga

23. Date of Death Sept 12 1949 Time 8 A. M. P. M. \_\_\_\_\_

24. I hereby certify that I attended the deceased who died on the above date, I last saw I never attended

25. I am Alive on \_\_\_\_\_ 19 \_\_\_\_\_

9. Usual Occupation Claim Agent

10. Industry or Business Adjustments

11. Name Henry J. Smith

12. Birthplace Jasper Co. Ga

13. Maiden Name Zip K. Smith

14. Name Harold M. Smith Jr

15. Birth Place Jasper Co. Ga

16. Informant Theodore M. Smith Jr

17. Informant P. O. Address \_\_\_\_\_

Primary Cause of Death Sudden Sudden

Contributory Causes Attacked by pain at head  
Coronary Congestion  
(Including Any Preexisting Disease Within Months of Death)

Operation no Date of Operation \_\_\_\_\_ Diagnosis: Clinical \_\_\_\_\_ Lab. X-Ray (Check) \_\_\_\_\_ Was Autopsy Performed? no

28. If death was due to external violence please answer the following questions:

(a) Accident, Suicide, Homicide (Specify) no (b) Date of Occurrence no

18. Burial, Cremation or Removal Buried (c) Date Sept 14 1949

19. P. O. Address of Place of Burial Monticello Ga

(c) Place of Accident none (City) \_\_\_\_\_ (County) Jattnall (State) \_\_\_\_\_

(d) Where: Home, Farm, \_\_\_\_\_ While at Work \_\_\_\_\_

(e) Means of Injury \_\_\_\_\_ (e) Injury \_\_\_\_\_

20. Signature of Person Burying Body E. K. Jordan

21. Undertaker Monticello Ga Date Filed with L. H. Oct. 1-49

22. Physician's Own Signature J. C. Callum M.D. Date Signed \_\_\_\_\_

22. Owner's Own Signature Mrs. Patsell Cheney  
(Check Certificate of Burial Before Signing)

Physician's P. O. Address Callum Ga Date Signed 9.12.1949

certified true and correct by the undersigned, physician, occupation and Social Security No. to assist in settling S. S. claims.