

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Photo No.: 2006-5506 & 5507

Source of Data: Tennessee State Archives, Nashville, Certificate # 520

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—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. See instructions on back of certificate.

1 PLACE OF DEATH
County Benton
Civil Dist. 3rd
OR
Village
OR
City (No. St. Ward)

STATE OF TENNESSEE 520
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH
Registration District No. 40303
Primary Registration District No.
File No.
Registered No. 7
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Swindle

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
(Write the word)

6 DATE OF BIRTH 7 11 1840
(Month) (Day) (Year)

7 AGE 62 11 26 or 112
Yrs. Mos. Days OR Wks. OR Mths. OR Yrs.

8 OCCUPATION Housewife
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Don't know first name

11 BIRTHPLACE OF FATHER (State or country) Don't know

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Guinness
[Address] Camden, Tenn

15 Filed 7-18-1923 Don't know name

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7 1 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1923 to July 7 1923, that I last saw her alive on Jan 15 1923, and that death occurred, on the date stated above, at 9 PM.
The CAUSE OF DEATH* was as follows: 43
Sarona
Lower Maxillary

Contributory (SECONDARY) (Duration) 6 mos. or yr.
Signed James M. Smyth M.D.
July 14 1923 Address Camden
State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yes no or State yes no or State
Where was disease contracted, if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Shiloh Cemetery DATE OF BURIAL 7-8 1923

20 UNDERTAKER William Guinness ADDRESS Camden, Tenn

1 PLACE OF DEATH

STATE OF TENNESSEE 520
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH
0303
File No.
Registered No. 7
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Mr. J. M. Smyth
of Camden Tenn
attended both the early
children of Eva, but
he is off on a vacation
and it is impossible
to get his report at the
I will say however
the father informs
that whooping cough
the contributory cause

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