

RFDS #: TN Dav 108
Sheet 1 of 1

Researcher: Detia M. Roe

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

Photo No.: 2006-5518

Source of Data: Tennessee State Archives, Nashville, Certificate # 2545

1 PLACE OF DEATH
 County Benton
 Civil Dist. 14
 OR
 Village
 OR
 City Couder (No. St. Ward)

2 FULL NAME Nancy L. Swindell

3 SEX F 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) SINGLE

6 DATE OF BIRTH 9 16 1908
 (Month) (Day) (Year)

7 AGE 83 4 mos. 17 ds.
 If LESS than 1 day, hrs. or min.

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

9 BIRTHPLACE (State or country) Benton Co. Tenn

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (State or country) N.C.

12 MAIDEN NAME OF MOTHER Lewis

13 BIRTHPLACE OF MOTHER (State or country) N.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. E. Swindell
 (Address) Couder Tenn

15 Dec Smith

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 File No. 2545
 Registered No.
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

16 DATE OF DEATH 2 3 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1920 to Feb 3rd, 1928
 and that I last saw her alive on about one year ago
 and that death occurred, on the date stated above, at 8 P. M.
 The CAUSE OF DEATH* was as follows:
General Senility 164
 (Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)
 (Duration) yrs. mos. ds.

Signed James M. Smyth M. D.
Feb 4 1928 Address Couder Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDAL.
State whether or not an operation was performed.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death Yes mos. ds. In the State Yes yrs. mos. ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Shelby County DATE OF BURIAL 1-8-18
 20 UNDERTAKER Butler & L. Long ADDRESS Couder Tenn