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DEPARTMENT OF HEALTH AND
HOSPITAL COMMISSION

-7 JUN 1981

0-0-1-3-7-566-1-027

DEPARTMENT OF COMMERCE
Bureau of the Census

STANDARD CERTIFICATE OF DEATH

Registration Dist. No. 2601
Registrar's No. 1

Division of Vital Statistics—State Board of Health
State of South Carolina

State File No. 00503

1. PLACE OF DEATH Jasper

(a) County Jasper

(b) City or town Early Rural S.C. Rural
(If outside city or town limits, write RURAL)

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 2 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State S.C. (b) County Jasper

(c) City or town Early Rural, rural
(If outside city or town limits, write RURAL)

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Powell Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male race white

5. Color or divorced unmarried

6. (a) Single, widowed, married, divorced unmarried

6. (b) Name of husband or wife Loggie Smith

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 12 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 11 8 hr. min.

9. Birthplace Jasper Co. S.C.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name J. S. Smith

13. Birthplace Hampton Co. S.C.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Phillips

15. Birthplace Hampton Co. S.C.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wack G Smith

(b) Address 316 Canton Bluff Rd. Jav. Sta.

17. (a) Burial (b) Date thereof Jan 22 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Phillipsville Cem

18. (a) Signature of funeral director Joseph P. Demial

(b) Address Seural, Hampton, S.C.

19. (a) Jan. 27 '47 (b) W. G. Gamage
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Jan. day 22
year 1947 hour about 5:00 pm

21. I hereby certify that I attended the deceased from Wed, 1946, to Jan 5, 1947;
that I last saw h i alive on Jan 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Sen. Arteriosclerosis, etc

Other conditions (Include pregnancy within three months of death) _____

Major findings:
Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Arthur W. M.D. M.D. or other _____
Address Jemassee S.C. Date signed 1/1/47

DURATION

10 hrs

5831

17

097X

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Items Appraised on 8 November 1924

1	Sugar Mill & Boiler	\$ 25
20	Bushels of Rice @ 75c	15
100	" Corn	75
46	" old corn @ 40c	16
1	Scythe	2
1	Hand mill	5
1	Sorel Mare	75
2000	lbs fodder @ 75	15
1	Shot Gun	15
3	Bee Hives @ 50	150
2	Trunk Stoves	2
1	Cart	5
1	Sett Plantation Implements	5
1	House Hold Furniture	10
		<u>267</u> 00