

Cynthiana Democrat - May 28, 1942

Commissioner Dies Suddenly

James N. Smith, 75 years old, retired insurance agent, and present member of the Cynthiana Board of Commissioners, died Tuesday night at his home on Church street. Mr. Smith had been complaining of indigestion for about a week, but still was able to continue his activities. A short time before he died he had been down the street and signed some warrants for the city, but did not attend the meeting of the Board Tuesday night.

James N. Smith was well known throughout the county, his activities in the insurance business having created for him a wide circle of acquaintances and friends. He was known for his business acumen and his counsel was sought by those who needed good advice.

Prior to 1916 he was a member of the city council which functioned previously to the commission form of government now in effect; he was city commissioner from 1934 to 1938, being commissioner of finance. Since the first of January, he has held the same position.

He was formerly agent for the Metropolitan Life Insurance Company, retiring under a pension some years ago.

He was a staunch member of the Methodist church holding the place of steward and treasurer for many years and gave his time freely to any duties that came to his notice.

Mr. Smith was born December 7, 1867, near Oddville, a son of the late Michael and Cornelia Marshall Smith, pioneer residents of that community. In 1897 he married Miss Elizabeth Mullen and she survives with a daughter, Miss Lucille Smith, and a son, James N. Smith, Jr., of Cincinnati. He is also survived by two sisters, Mrs. R. L. Baker, of College Corner, Ohio, and Mrs. Hugh McClellan, this city.

Funeral services will be held tomorrow afternoon at 2:30 o'clock at the Cynthiana Methodist church, with Dr. Floyd D. Rose officiating. Burial in Battle Grove cemetery. Pall bearers, Charles Robinson, John McDaniel Jr., Samuel Hedges, Dr. J. M. Rees, E. N. Rees and Lora E. Lowe. Honorary pall bearers will be members of the official board of the Methodist church.

Smith, James N 1867 - 1942

Form V. R. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr. Smith
11222
State File No.
Registrar's No. 100

Registration District No. 670 Primary Registration District No. 240

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Louisville
(c) Name of hospital or institution:
(d) Length of stay: In hospital or community 3 1/2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Harrison
(c) City or town Louisville
(d) Street No. (e) If foreign born, how long in U. S. A.?

3(a) FULL NAME James N. Smith
3(b) If veteran, Name war No. 3(c) Social Security No.

4. Sex M 5. Color or race W. 6(a) Single, widowed, married, divorced Married
6(b) Name of husband or wife Mrs. Mullen Smith
6(c) Age of husband or wife if alive 63 Years
7. Birth date of deceased Dec 7 1867 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 20 If less than one day hr. min.
9. Birthplace Thomas Co. Ky
10. Usual occupation Ins. Sales man retired
11. Industry or business

12. Name Michael Smith
13. Birthplace Ky
14. Maiden name Cornelia Marshall
15. Birthplace Ky

16(a) Informant's own signature J. N. Smith Jr.
(b) Address Louisville Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Battle Grove Date May 29 1942

18(a) Signature of funeral director Smith - Rhea Co
(b) Address W. Clay Smith - 8519
Cynthiana, Ky

19(a) Date received by local registrar May 29 1942 Registrar's signature Margaret Pulliam

20. DATE OF DEATH May 27 1942
21. I hereby certify that I attended the deceased from 19 to May 27 1942 that I last saw him alive on May 27 1942 and that death occurred on the date stated above at 10 M.
Immediate cause of death Coronary Disease DURATION
Due to 74A

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? 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 W. D. Smith (M. D. or other)
Address Date signed 5/29/42

portant. Exact statement of OCCUPATION is very im-

Last printed 5/25/2009 3:37 PM