

MARGIN RESERVED FOR BINDING

WRITE 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 Cassell
 Civil Dist. 18
 OR
 Village
 OR
 City (No. St.; Ward)

STATE OF TENNESSEE 270

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. File No.
 Primary Registration District No. Registered No.

2 FULL NAME Ezra Burrus Robinson

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Single
 (Write the word)

6 DATE OF BIRTH June 9 1910
 (Month) (Day) (Year)

7 AGE 13 yrs. 6 mos. 22 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Texas

10 NAME OF FATHER William A Robinson

11 BIRTHPLACE OF FATHER [State or country] Texas

12 MAIDEN NAME OF MOTHER Minnie Bond

13 BIRTHPLACE OF MOTHER [State or country] Texas

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[Address]

15 File Aug 7 1923 L D Murphy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from July 16 1923 to Aug 1 1923 that I last saw him live on Aug 1 1923 and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH* was as follows:

Peritonitis, of tubercular origin, with cerebral abscess. [Duration] yrs. mos. 13 ds.

Contributory [SECONDARY] Assault by TB [Duration] yrs. mos. ds.

Signed L D Murphy, M. D. Aug 7 1923 Address Bureau Station

* 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 yrs. mos. ds. In the State yrs. mos. ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Oak Grove Cem DATE OF BURIAL Aug 2 1923

20 UNDERTAKER W A Green ADDRESS Andrew Rose