

1 PLACE OF DEATH

County CassellCivil Dist. 18

Village

City (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

File No. 345

Registered No. \_\_\_\_\_

[If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME James R Rogers

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)6 DATE OF BIRTH Apr 22 1852  
(Month) (Day) (Year)7 AGE 69 yrs 9 mos 6 ds If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION Farmer 000  
(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) Tenn10 NAME OF FATHER Alex Rogers11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Polly Butler13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] \_\_\_\_\_

[Address] \_\_\_\_\_

15

Filed Dec 20 1921 L D Murphy REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 27 1921  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 15 1919 to Dec 27 1921, that I last saw him alive on Dec 25 1921 and that death occurred, on the date stated above, at 10 M

The CAUSE OF DEATH\* was as follows:

Pulmonary TB 31  
[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory [SECONDARY] \_\_\_\_\_ [Duration] 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Signed: L D Murphy M. D.  
Dec 30 1921 Address Brown Vista

\* 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 Dec 28 1921

20 UNDERTAKER

Wabauer ADDRESS Brown Vista

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.