

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

162

1 PLACE OF DEATH  
County Jackson  
Civil Dist. # 1  
or  
Village Gainesboro  
or  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)Registration District No. 441  
Primary Registration District No. 4401File No. 13

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

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

2 FULL NAME Gainer Roark

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH Don't know, 1 \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)7 AGE about 9 years If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
\_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 8 OCCUPATION

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

## 9 BIRTHPLACE (State or country)

Tennessee

## 10 NAME OF FATHER

Jim Roark

## 11 BIRTHPLACE OF FATHER (State or country)

Oberlin Co. Tenn

## 12 MAIDEN NAME OF MOTHER

Minnie Tosh

## 13 BIRTHPLACE OF MOTHER (State or country)

Clay Co Tenn

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Solly Roark  
(Address) Gainesboro Tenn

15

Filed Dec 8, 1918 Mr. M. H. Little  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 21, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from about Oct. 25 1918, to Nov. 21, 1918, that I last saw h<sup>im</sup> alive on Nov. 21, 1918, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH\* was as follows:

Pneumonia following  
Influenza  
Ha

Contributory (SECONDARY)

(Signed) Henry P. Lister, M. D.  
Nov 27, 1918, (Address) Gainesboro Tenn

\*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

Gainesboro Cemetery

## DATE OF BURIAL

Nov 28, 1918

## 20 UNDERTAKER

None

## ADDRESS

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.