

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 Jackson  
 Civil Dist. 11  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
**2 FULL NAME** Lucille Roberts

**STATE OF TENNESSEE** 144  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**  
 Registration District No. 444 11 File No. \_\_\_\_\_  
 Primary Registration District No. 11 Registered No. 1  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Female **4 COLOR OR RACE** white **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single  
 (Write the word)

**6 DATE OF BIRTH** 11 28 1918  
 (Month) (Day) (Year)

**7 AGE** 1 yrs. 1 mos. 13 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

**9 BIRTHPLACE** Tenn.  
 (State or country)

**10 NAME OF FATHER** Henry Roberts

**11 BIRTHPLACE OF FATHER** Tenn.  
 [State or country]

**12 MAIDEN NAME OF MOTHER** Bob Harrison

**13 BIRTHPLACE OF MOTHER** Tenn.  
 [State or country]

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 [Informant] Henry Roberts  
 [Address] Gainesboro R# 4

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** 1 11 1920  
 [Month] [Day] [Year]

**17 I HEREBY CERTIFY, That I attended deceased from** 1/2 1920, to 1/11, 1920, that I last saw her alive on 1/11, 1920 and that death occurred, on the date stated above, at 4 A. M.  
 The CAUSE OF DEATH\* was as follows:  
Whooping cough 9  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 15 ds.  
 Contributory Broncho pneumonia  
 [SECONDARY] [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 9 ds.  
 Signed L. P. Anderson, M. D.  
3/12 1920 Address Gainesboro R# 4

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, 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 \_\_\_\_\_

**15** Filed 3/12 1920 L. P. Anderson REGISTRAR

**19 PLACE OF BURIAL OR REMOVAL** Zohitaker Cem. **DATE OF BURIAL** 1/12 1920

**20 UNDERTAKER** Henry Norton **ADDRESS** Gainesboro