

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. 1  
or  
Village \_\_\_\_\_  
or  
City Gainesboro Tenn (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 4461  
Primary Registration District No. 44401

File No. 5336  
Registered No. \_\_\_\_\_

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

2 FULL NAME Riggs Rogers

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, <input checked="" type="checkbox"/> <u>Married</u> , WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH _____, 19 <u>56</u> (Month) (Day) (Year)		
7 AGE <u>65</u> yrs. _____ mos. _____ ds.		If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work: Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer): \_\_\_\_\_

9 BIRTHPLACE (State or country) Gainesboro Tennessee

10 NAME OF FATHER Sam York

11 BIRTHPLACE OF FATHER (State or country) Mason Co. Penn

12 MAIDEN NAME OF MOTHER Matilda Hare

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co. Penn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) \_\_\_\_\_  
(Address) \_\_\_\_\_

15 Filed May 2, 1921 Wm M H. Rutt  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 28, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1921, to March 28, 1921, that I last saw her alive on March 28, 1921, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH\* was as follows: Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 17 ds.  
Contributory None was strong woman  
(SECONDARY)  
(Signed) Chas E. Rouse, M. D.  
(Address) Gainesboro Tenn, 191 \_\_\_\_\_

\*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? Place of death  
Former or usual residence Place of death

19 PLACE OF BURIAL OR REMOVAL House of God DATE OF BURIAL March 29, 1921

20 UNDERTAKER Lewis School Co Gainesboro ADDRESS \_\_\_\_\_