

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 BEARING REPRODUCED FOR BINDING

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 McKro  
 Civil Dist. 11  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

**STATE OF TENNESSEE**  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**

Registration District No. 444 11 File No. 352  
 Primary Registration District No. 11 Registered No. 10

**2 FULL NAME** Stilleman

[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** 5 4 1922  
(Month) (Day) (Year)

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

**8 OCCUPATION**  
 (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) Tenn.

**10 NAME OF FATHER** Bedford Roberts  
**11 BIRTHPLACE OF FATHER** (State or country) Tenn.  
**12 MAIDEN NAME OF MOTHER** Lera Perkins  
**13 BIRTHPLACE OF MOTHER** (State or country) Tenn.

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** 5 4 1922  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_,  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_,  
 and that death occurred, on the date stated above, at \_\_\_\_\_ M  
**The CAUSE OF DEATH\* was as follows:**  
S.P.B.  
(Duration) yrs. mos. ds.

**Contributory [SECONDARY]** \_\_\_\_\_  
(Duration) yrs. mos. ds.

Signed L. L. Anderson, M. D.  
5/6, 191\_\_\_\_ Address Gainesboro

\* 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 **DATE OF BURIAL** 5/5 1922  
**20 UNDERTAKER** Tom Hails **ADDRESS** Gainesboro

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

Filed 6/10 1922 L. L. Anderson  
 REGISTRAR