

SERVING RECEIVED FOR DIVIDING

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)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

378

Registration District No. 44411
Primary Registration District No. 11

File No. _____
Registered No. 16

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

2 FULL NAME Paul Alise Rogland

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 17 15 : 921
(Month) (Day) (Year)

7 AGE 8 mos. 7 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 occupant)

9 BIRTHPLACE Tenn.
(State or country)

10 NAME OF FATHER Baugh Rogland

11 BIRTHPLACE OF FATHER Tenn.
[State or country]

12 MAIDEN NAME OF MOTHER Ruby Aubrey

13 BIRTHPLACE OF MOTHER Tenn.
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Baugh Rogland
[Address] Sainsboro R#3

15 File 9/10/22 Registrar I Pludner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 22 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1922 to Aug 22 1922, that I last saw her alive on Aug 22 1922 and that death occurred, on the date stated above, at 4 P M

The CAUSE OF DEATH* was as follows:
Chron. Illness
113
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] Broncho Pneum.
(Duration) _____ yrs. _____ mos. _____ ds.
Signed I R Pludner M. D.
8/22 1922 Address Sainsboro

* 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 Hails Cem DATE OF BURIAL 8/23 1922

20 UNDERTAKER Tom Rogland Sainsboro ADDRESS _____