

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. No 1
OR
Village _____
OR
City Gainesboro (No. _____) St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 441
Primary Registration District No. 24401

File No. 19387

Registered No. _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Henry Brown Rotters

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH Aug 23 1922
(Month) (Day) (Year)

7 AGE one month 7 yrs. or min.?
If LESS than 1 day, hrs. or min.?

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) Gainesboro Tenn

10 NAME OF FATHER Ortus Rotters

11 BIRTHPLACE OF FATHER (State or country) Gainesboro Tenn

12 MAIDEN NAME OF MOTHER Mary Boyssie

13 BIRTHPLACE OF MOTHER (State or country) Gainesboro Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____
[Address] _____

15 Filed Nov 22 1922 M. H. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 30 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 28 1922 to Sept 30 1922 that I last saw him alive on Sept 30 1922 and that death occurred, on the date stated above, at 6 A M

18 CAUSE OF DEATH* was as follows:
Alimentary Stomatitis
(Duration) yrs. mos. ds. 108

Contributory (SECONDARY) None
(Duration) yrs. mos. ds.

Signed R. C. Gager M. D.
Cox 10 1922 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.

19 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 Oct 1 1922

20 UNDERTAKER Arthur Baker ADDRESS Gainesboro