

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. 12  
 OR  
 Village Bloomington R1 Registration District No. 44412  
 OR  
 City \_\_\_\_\_ Primary Registration District No. 12  
 (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 2 FULL NAME Dovil Robinson  
 File No. 4  
 Registered No. 4  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH 5515

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDDED, OR DIVORCED Married  
 (Write the word)  
 6 DATE OF BIRTH Nov 18 1896  
 (Month) (Day) (Year)  
 7 AGE 31 yrs. 4 mos. 1 da. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
 8 OCCUPATION House Keeping  
 (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) Putnam Co Tenn  
 10 NAME OF FATHER Alec Grogan  
 11 BIRTHPLACE OF FATHER (State or country) Putnam Co Tenn  
 12 MAIDEN NAME OF MOTHER Mary Jones  
 13 BIRTHPLACE OF MOTHER (State or country) Smith Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] M A Young  
Bloomington Spgs Tenn R1  
 [Address]

15 Filed Nov 30 1927 Jno B. Billingsley  
Jamesboro R2

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 19 1927  
 [Month] [Day] [Year]  
 17 I HEREBY CERTIFY, That I attended deceased from March 19 1927  
 that I last saw him alive on March 19 1927  
 and that death occurred, on the date stated above, at 4 P M  
 The CAUSE OF DEATH\* was as follows: 31  
Tuberculosis of Lungs  
 [Duration] 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory [SECONDARY] Hereditary  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed Dr Hard M. D.  
March 30 1927 Baxter Tenn  
 Address

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.  
 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 Robinson Cemetery DATE OF BURIAL March 20 1927  
 20 UNDERTAKER Jackson Bloomington Tenn R1 ADDRESS \_\_\_\_\_