

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 13
or Village Whitesville
City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44413
Primary Registration District No. 13

File No. 119
Registered No. 119

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

2 FULL NAME Joe Costa Rodgers

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH 3 (Month) 30 (Day), 1926 (Year)
7 AGE 1 yrc. 3 mos. 21 ds. 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 8" D. Jackson Co Tenn
(State or country)

10 NAME OF FATHER Davis Horat Rodgers
11 BIRTHPLACE OF FATHER 8" D. Jackson Co Tenn
(State or country)
12 MAIDEN NAME OF MOTHER Ruby Alorn Jenkins
13 BIRTHPLACE OF MOTHER 13" D. Jackson Co. Tenn
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dwight Rogers
(Address) Whitesville

15 Filed Jan 8, 1927 J. D. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 (Month) 21 (Day), 1927 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 19 1927, to May 20, 1926, that I last saw him alive on May 20, 1927, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:
Illness Cellitis 113

(Duration) ---- yrs. ---- mos. 10 ds.
Contributory None
(SECONDARY) (Duration) ---- yrs. ---- mos. ---- ds.
(Signed) C. E. Reeves M. D.
May 22, 1927 (Address) Greeneboro Tenn

*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 1 yrs 3 mos. 21 ds. In the State 1 yrs 3 mos. 21 ds.
Where was disease contracted?
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Walker County DATE OF BURIAL May 22, 1917
20 UNDERTAKER None ADDRESS