

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 Parsons
 Civil Dist. West
 OR
 Village Leamouth
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

17896

Registration District No. 441
 Primary Registration District No. 244a1

File No. 14

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

2 FULL NAME William Johnnie Roberts

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Impair</u>
6 DATE OF BIRTH <u>aug 7 1927</u> (Month) (Day) (Year)		
7 AGE <u>5</u> yrs. mos. 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 (State or country) <u>Gainesboro</u>		
10 NAME OF FATHER <u>Raymond Roberts</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Gainesboro</u>		
12 MAIDEN NAME OF MOTHER <u>Jennie Mae Waters</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Parsons</u>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____
 [Address] _____

15 Sept 5 1927 Mrs M J Smith
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
aug 12 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 192 to _____ 192, that I last saw h. alive on _____ 192

and that death occurred, on the date stated above, at _____ M
 The CAUSE OF DEATH* was as follows: murder
and cause unknown
 [Duration] yrs. mos. ds. 205 h.

Contributory [SECONDARY] _____ [Duration] yrs. mos. ds.

Signed Mrs M J Smith M. D.
Sept 5 1927 Address Leamouth

* 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
Pharr country

DATE OF BURIAL
aug 12 1927

20 UNDERTAKER
 ADDRESS