

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 Knox
 Civil Dist. 1st
 OR
 Village Bookville
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 751
 Primary Registration District No. 27301

File No. 175
 Registered No. 31

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

2 FULL NAME

Robert J. Ingram

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) S
 6 DATE OF BIRTH Nov 16 1920
 (Month) (Day) (Year)
 7 AGE 2 yrs. 8 mos. 8 ds. H 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)

Tennessee

10 NAME OF FATHER

Robt Ingram

11 BIRTHPLACE OF FATHER (State or country)

Tennessee

12 MAIDEN NAME OF MOTHER

Ella Rogers

13 BIRTHPLACE OF MOTHER (State or country)

Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Robt Ingram
 [Address] Bookville T

15

Filed 11/24 by Lex Syer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 24 1922
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5 1922 to Nov 23 1922, that I last saw him alive on Nov. 23 1922 and that death occurred, on the date stated above, at 24 M. The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Contributory [SECONDARY]

[Duration] yrs. mos. ds.
 Signed H. G. Howard M. D.
 191 Address Bookville

* 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

Lebanon Cemetery

DATE OF BURIAL

11/25

20 UNDERTAKER

James Watson

ADDRESS

Bookville