

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 Tipton
Civil Dist. 4
OR
Village Sparta #8
OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 49204
Primary Registration District No. 4

File No. 179
Registered No. _____

2 FULL NAME Eller Robinson

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Oct 5 1897
(Month) (Day) (Year)

7 AGE about 45 yrs. - 2 mos. - 14 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work on Farm
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Bufford Findley

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Ammie Tomine

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] T. L. Claus

[Address] Sparta #8

15 Filed Jan 23 1923 Mrs J. S. Traff

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 9 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 4 1922 to one visit 1912
that I last saw her alive on Nov 4 1922
and that death occurred, on the date stated above, at 11 P M

The CAUSE OF DEATH* was as follows:
Tuberculosis (Pulmonary)

31
Many [Duration] yrs. mos. ds.
Contributory [SECONDARY] Diphtheria
31 [Duration] yrs. mos. ds.

Signed May C. Marlow M. D.
Dec 13 1922 Address Phila. Pa.

* 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 Claus Cemetery DATE OF BURIAL 12/11 22

20 UNDERTAKER H. B. Hunter ADDRESS Sparta #8