

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 White
 Civil Dist. 5
 OR
 Village walling #1
 OR
 City _____

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

2220

CERTIFICATE OF DEATH

Registration District No. 943
 Primary Registration District No. _____

File No. 5
 Registered No. 5

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

2 FULL NAME Roger Dow Stiner

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 11 1985
 (Month) (Day) (Year)

7 AGE 68 yrs. 7 mos. 20 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) Ohio

10 NAME OF FATHER Edlef Barnett Stiner

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Nancy Crout

13 BIRTHPLACE OF MOTHER [State or country] Vir

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mrs G. S. Sims
 [Address] Sparta

15 Filed Feb. 3 1927 Mrs J. B. Spunkman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 31 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from Jan 16 1927 to Jan 31 1927, that I last saw live on Jan 29 1927 and that death occurred, on the date stated above, at 12 AM

The CAUSE OF DEATH* was as follows:
Pneumonia 107c
Pneumonia
 [Duration] 7 yrs. mos. ds.

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

Signed W. M. Johnson M. D.
2-2 1927 Address Sparta

* 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 Sparta Cemetery DATE OF BURIAL 2/1 1927
 20 UNDERTAKER H. B. Hunter ADDRESS Sparta