

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. 4
 OR
 Village Walling
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH **6909**

Registration District No. 943
 Primary Registration District No. _____

File No. 15
 Registered No. 15
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME William Thomas Rogers

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____
 _____ (Month) _____ (Day) _____ (Year)

7 AGE about 47 yrs. .. mos. .. 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

PARENTS

10 NAME OF FATHER John Rogers

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Josiephene McGuira

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] W.E. Rogers
 [Address] J^r Doyle, Tenn

15

Filed Mar 29 1927 Mrs. B. Spurgeon
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Found March 28 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 5:30 AM
 The CAUSE OF DEATH* was as follows:

no Doctor Hung him self
Suicide

[Duration] _____ yrs. _____ mos. _____ ds.
 Contributory [SECONDARY] _____
 [Duration] _____ yrs. _____ mos. _____ ds.
 Signed _____ M. D.
 _____ 192 Address _____

* 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 Green Wood Cemetery DATE OF BURIAL 3/29 1927

20 UNDERTAKER H B Hunter ADDRESS Spokane