

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. #1

OR

Village Sparta, Tenn

OR

City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

9305

CERTIFICATE OF DEATH

Registration District No. 941

Primary Registration District No. 1

File No. _____

Registered No. 14

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

2 FULL NAME Jossie Rogers

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)

6 DATE OF BIRTH December 18 1866
(Month) (Day) (Year)

7 AGE 60 yrs. 4 mos. no ds.
If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER Wamon L. Gracy

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Martha Hudgens

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] R.C. Rogers

[Address] Nashville, Tenn

15

Filed 4/30 1927 A. L. Richards
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 18 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 7 1927 to April 18 1927 that I last saw her alive on April 18 1927 and that death occurred, on the date stated above, at 3 PM

The CAUSE OF DEATH* was as follows:
Inoperable Carcinoma of Pleura Vicar

[Duration] 1 yrs. no mos. no ds.

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

Signed Edgar C. Hughes M. D.
4/25 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 Mt. Gilied Cemetry

DATE OF BURIAL 4/19 1927

20 UNDERTAKER H. B. Hunter

ADDRESS Sparta