

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. 12
 OR
 Village Sparta.#2
 OR
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 941
 Primary Registration District No. 12

File No. _____
 Registered No. 19

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

2 FULL NAME John Rose

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 June 4th 1852
 (Month) (Day) (Year)

7 AGE 74 yrs. II mos. 6 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Lee Rose

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Eliza Jones

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Byrd Lamb

[Address] Sparta.#2

15 Filed 5/15 1927 A. S. Richards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 10 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 4 P M The CAUSE OF DEATH* was as follows: 205a

No Doctor Stomach Trouble
 [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 Rose Cemetery DATE OF BURIAL 5/11 1927

20 UNDERTAKER H B Hunter ADDRESS Sparta