

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. 14  
 OR  
 Village Bon. Air  
 OR  
 City (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 945  
 Primary Registration District No. 14

11789

File No. \_\_\_\_\_  
 Registered No. 5

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

2 FULL NAME Eliza May Rogers

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 4 1883  
 (Month) (Day) (Year)

7 AGE 43 yrs. 9 mos. 27 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER William Rose

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Maggie Low

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Berry Rogers  
 [Address] Bon. Air. Tenn

15 Filed \_\_\_\_\_ 1927 Mary L Cameron REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 1 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 1927 to May 1 1927 that I last saw h. alive on May 1 1927 and that death occurred, on the date stated above, at 4 P M

The CAUSE OF DEATH\* was as follows:  
acute military tuberculosis of the lungs,  
31

Contributory [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed E. B. Clark M. D.  
May 14 1927 Address Bon Air Tenn

\* 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 5/2 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta