

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. #13  
 OR  
 Village Derosett  
 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. 13

25727

File No. \_\_\_\_\_

Registered No. 29

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

2 FULL NAME Chris. C. Derosett

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 5 1846  
 (Month) (Day) (Year)

7 AGE 81 yrs. 8 mos. 25 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) 000

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER John. Derosett

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER [State or country] ...

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Edger. Abel

[Address] Doyle. Tenn

15 Filed 1927 Mary L. Cameron REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 30 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov 19 1927, to Nov 30, 1927, that I last saw him alive on Nov. 29, 1927, and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH\* was as follows: 74 d  
Apoplexy

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

Signed Vernon Dutton M. D. Dec. 2, 1927 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 Smith. Chapel. cemetery DATE OF BURIAL 1/2 1927

20 UNDERTAKER H. O. Hunt ADDRESS ...