

1. PLACE OF DEATH

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

5844

County Hamilton
Civil Dis. 26
or
Village
or
City Hessville
Registration District No. 21901
Primary Registration District No. _____
(No. Van., Hospital St.; Ward)File No. 659

Reg. No. _____

Length of residence in city or town where death occurred _____ yrs. mos. d. How long in U. S. if of foreign birth? _____ yrs. mos. d.

2. FULL NAME Thomas Lindy Rogers(a) Residence: No. Dur West & Gal Rd St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Rogers6. DATE OF BIRTH (month, day, and year) Feb 12 18917. AGE Years Months Days If LESS than 1 day, _____ hra. or _____ min. 45 0 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dur Post Keyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Tenn13. NAME B. L. Rogers14. BIRTHPLACE (city or town) (State or country) Tenn15. MAIDEN NAME Sine Moore16. BIRTHPLACE (city or town) (State or country) Tenn17. INFORMANT Mrs. Rogers
(Address) Dur West & Gal Rd18. BURIAL, CREMATION, OR REMOVAL
Place Springhill Date 3-9 19 3619. UNDERTAKER Phillips Johnson & Co
(Address) 2307 Highway 1020. FILED 3/9 19 36 NORA HOLLISTER
Registrar.21. DATE OF DEATH (month, day, and year) Mar 7 19 3622. I HEREBY CERTIFY, That I attended deceased from Jan 16 19 36 to Mar 7 19 36I last saw him alive on Mar 6 19 36, death is said to have occurred on the date stated above, at 4:45 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

meningitis - pneumococcal
acute pneumonia
Empyema
Date of onset Mar 1
Jan 11
Jan 24Contributory causes of importance not related to principal cause: 108Name of operation Thorotomy Date of Jan 25, 1936What test confirmed diagnosis? Spinal puncture there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Edadmes M. D.(Address) Vandhill Hospital

NON-RESIDENT

OCCUPATION

MOTHER

FATHER