

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Madison*

Vot. Pat. *No. Corbitt*

Inc. Town

City (No., St. Ward

*FULL NAME *George Roger Robertson*

File No. **18153**

Registered No. *18*

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

PERSONAL AND STATISTICAL PARTICULARS

2 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If *is* the word) *single*

6 DATE OF BIRTH *4 30 1890*
(Month) (Day) (Year)

7 AGE *22 yrs. 0 mos. 4 ds.* If LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *Madison*

PARENTS

10 NAME OF FATHER *Roger Robertson*

11 BIRTHPLACE OF FATHER (State or country) *Madison*

12 MAIDEN NAME OF MOTHER *Virginia Towns*

13 BIRTHPLACE OF MOTHER (State or country) *Madison*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Edgar Nichols*

(Address) *Madison*

15

Filed *7/6*, 1912 *A. L. Hatcher*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH *7 6 1912*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *7/5*, 1912 to *7/6*, 1912 that I last saw him alive on *7/6*, 1912, and that death occurred, on the date stated above, at *10* p.m.
The CAUSE OF DEATH* was as follows:
Tuberculosis

(Duration) yrs. *3* mos. *3* ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *F. F. Foley*, M. D. (Address) *No. Corbitt*

*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. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Robertson graveyard* DATE OF BURIAL *7/6*, 1912

20 UNDERTAKER *W. H. Hatcher* ADDRESS *No. Corbitt*

WRITE PLAINLY WITH UNFADE INK—THIS IS A FURNISHED 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.