

REFERENCE
Family Data Sheet

Surname: ROE

RFDS #: TN Dav 032

Sheet 1 of 1

Date: Oct 2006

Researcher: Detia M. Roe

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Photo No.: 2006-9114

Source of Data: Tennessee State Archives, Certificate # 80

1 PLACE OF DEATH
County Lipson Co.
Civil Dist. 112
OR
Village
OR
City (No. St. Ward)

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH
80

Registration District No. 851
Primary Registration District No. 1V
File No.
Registered No. 42
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Dora Ada Ray

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
6 DATE OF BIRTH 3 5 1925
(Month) (Day) (Year)
7 AGE 49 yrs. 3 mos. 0 ds. If LESS than 1 day, hrs. or min.?
8 OCCUPATION Help mate
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).
9 BIRTHPLACE Lin
(State or country)

PARENTS
10 NAME OF FATHER William J. Rowe
11 BIRTHPLACE OF FATHER Lin
(State or country)
12 MAIDEN NAME OF MOTHER Francis Hinkle
13 BIRTHPLACE OF MOTHER Lin
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Grace E. Rowe
[Address] Springfield, Lin.
15 July 30, 1925 Dr. Oneal
REGISTRAR

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 4 2 1925
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from 2/29 1925 to 4/2 1925 that I last saw him alive on 4/2 1925 and that death occurred, on the date stated above, at 8 A M
The CAUSE OF DEATH* was as follows:
influenza and pneumonia
(Duration) yrs. mos. ds. 2
Contributory pneumonia
[SECONDARY] (Duration) yrs. mos. ds. 4
Signed J. P. David M. D.
1925 Address Corning
* 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 2 usual residence
19 PLACE OF BURIAL OR REMOVAL Int. Coffin Co.
20 UNDERTAKER Reynolds
DATE OF BURIAL July 4, 1925
ADDRESS Corning

A-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.