

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

Type of Data: Death Certificate

Photo No.: 2006-0143

Source of Data: Tennessee State Archives, Certificate # 9605

**1. PLACE OF DEATH**  
County Tipton  
Civil Dis. 3  
Village Kellie Chapel  
City (No. St.; Ward)

**STATE OF TENNESSEE**  
STATE DEPARTMENT OF HEALTH  
Division of Vital Statistics  
CERTIFICATE OF DEATH  
File No. 9605  
Reg. No. 3

Registration District No. 48503  
Primary Registration District No. (No. St.; Ward)

Length of residence in city or town where death occurred (If death occurred in a hospital or institution, give its NAME instead of street and number)  
How long in U. S. if of foreign birth? yes no

**2. FULL NAME** Miss Tennessee Roe  
(a) Residence: No. (St. Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

1. SEX Female  
2. COLOR OR RACE white  
3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
4. If married, widowed, or divorced HUSBAND of (or) WIFE of (Name)

5. DATE OF BIRTH (month, day, and year) June 19 - 1845  
7. AGE 88 Years 8 Months 4 Days (1 LESS than 1 day, hrs. or min.)

8. Trade, profession, or particular kind of work done, as spinner, sewer, bookkeeper, etc. House Keeping  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)  
10. Date deceased last worked at this occupation (month and year) (None)  
11. Total time (years) spent in this occupation (None)

12. BIRTHPLACE (city or town) (State or country) Tipton Co Tenn  
13. NAME Shankle  
14. BIRTHPLACE (city or town) (State or country) Not Known  
15. MAIDEN NAME (None)  
16. BIRTHPLACE (city or town) (State or country) (None)  
17. MARRIAGE John D. Roe  
18. BURIAL, CREMATION OR REMOVAL Place Chapel Hill Date 3-24-1934  
19. UNDERTAKER Mary Russell Home (Address) Memphis Tenn  
20. FILED May 12 1934 Miss H F Kacue

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) Mar 23 1934  
22. I HEREBY CERTIFY, That I attended deceased from Mar 23 1934 to Mar 23 1934  
I last saw him alive on Mar 23 1934 death is said to have occurred on the date stated above, at 49 years of age.

The principal cause of death and related causes of importance in order of causal sequence as follows: Bronchial Pneumonia  
Contributory causes of importance not related to principal cause: (None)

Name of operation (None) Date of (None)  
What test confirmed diagnosis? (None) Was there an autopsy? (None)

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? (None) Date of injury (None)  
Where did injury occur? (None) (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (None)  
Nature of injury (None)

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify (None)  
(Signed) L. O. David (Address) Barlow 9

**MARGIN RESERVED FOR BINDING.**  
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.