

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

Type of Data: Death Certificate

Photo No.: 2006-2886

Source of Data: Tennessee State Archives, Certificate # 566

1 PLACE OF DEATH			STATE OF TENNESSEE STATE BOARD OF HEALTH Bureau of Vital Statistics		
County	Davidson		CERTIFICATE OF DEATH		File No. 566
Civil Dist.	44	Registration District No.	Nov 904 191		Registered No. 641
Village	Hermitage	Primary Registration District No.	4-17-04		(If death occurred in a hospital or institution, give its NAME instead of street and number.)
City		(No.)	St.;	Ward	
2 FULL NAME Samuel. Ligon Roe					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH		
Male		yes	October 1914		
6 DATE OF BIRTH			17 I HEREBY CERTIFY, That I attended deceased from Jan. 1 - 1914, to 10-1-1915, that I last saw him alive on 10-1-1915, and that death occurred, on the date stated above, at 11 a.m.		
December 20, 1830			The CAUSE OF DEATH * was as follows:		
7 AGE	94 yrs. 9 mos. 2 ds.		Myocardic heart trouble		
8 OCCUPATION			(Duration) yrs. mos. ds.		
(a) Trade, profession, or particular kind of work			Contributory (secondary)		
Sole Farmer			(Duration) yrs. mos. ds.		
(b) General nature of industry, business, or establishment in which employed (or employer)			(Signed) W. H. Hargis M. D.		
9 BIRTHPLACE (State or country)			10-5-1914 (Address) Hermitage		
Lincoln Co. Tenn.			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
10 NAME OF FATHER			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
Don't know			At place of death yrs. mos. ds. In the State yrs. mos. ds.		
11 BIRTHPLACE OF FATHER (State or country)			Where was disease contracted, if not at place of death?		
Do			Former or usual residence		
12 MAIDEN NAME OF MOTHER			19 PLACE OF BURIAL OR REMOVAL		
Do			Hermitage		
13 BIRTHPLACE OF MOTHER (State or country)			20 UNDERTAKER		
Do			Solomon Hume Hermitage		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			DATE OF BURIAL		
(Informant) P. L. Drews			10-2-1915		
(Address) Hermitage Tenn			ADDRESS		
15			10-2-1915		
Filed 191			REGISTRAR		
Form V.S. No. 4-200M.					