

WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. 2.—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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

15338

1 PLACE OF DEATH
 County Jackson
 Civil Dist. 13
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

Registration District No. 4443
 Primary Registration District No. _____

File No. _____

Registered No. _____
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John Ruthley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)

6 DATE OF BIRTH Feb - 15 - 1900
 (Month) (Day) (Year)

7 AGE 29 yrs. 3 mos. 20 ds.
 If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Jake Ruthley

11 BIRTHPLACE OF FATHER [State or country] Tenn.

12 MAIDEN NAME OF MOTHER Marta Stinson

13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mr. Lewis Bell
 [Address] Hayden, Tenn.

15 Filed 6-7 1929 J. D. Hunter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 6, 1929
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1929 to 5 June 4, 1929
 the I last saw him alive on June 4, 1929
 and that death occurred, on the date stated above, at 10 M

The CAUSE OF DEATH* was as follows: 31 Pulmonary Tuberculosis

Contributory [SECONDARY] _____
 [Duration] _____ yrs. _____ mos. _____ ds.

Signed J. D. Hunter M. D.
June 6, 1929 Address Whitesville

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]
 At place of death 29 yrs. 3 mos. 20 ds. In the State 29 yrs. 3 mos. 20 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Andrew Crawford Co. DATE OF BURIAL 6-7-1929

20 UNDERTAKER Raymond McCune ADDRESS Sumner