

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

523

1 PLACE OF DEATH

County PutnamCivil Dist. 4or
Village _____or
City _____ (No. _____, _____ St.; _____ Ward)Registration District No. 49204Primary Registration District No. 4

File No. _____

Registered No. _____

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

2 FULL NAME John Brown Blough

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
(Write the word)6 DATE OF BIRTH Dec 15, 1842
(Month) (Day) (Year)7 AGE 77 yrs. 15 mos. 15 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) Tennessee10 NAME OF FATHER James Brown Blough11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Lida Rannels13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cal Cloues
(Address) 3 Parta R 815 Filed Jan 10 1917 Mrs. J. S. Traff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 15, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____,

that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at 2 m.The CAUSE OF DEATH* was as follows: 31
Was no doctor with
Hein He did with
Tuberculousis Consum
tion (Duration) 8 yrs. 6 mos. 15 ds.

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

(Signed) _____, M. D.
_____, 191____ (Address) _____

*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 usual residence _____

19 PLACE OF BURIAL OR REMOVAL Cal Cloues grav yard DATE OF BURIAL 17, 191720 UNDERTAKER Bran Brown Blough ADDRESS 3 Parta R 8

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT 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.