

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.

1 PLACE OF DEATH

County Putnam
 Civil Dist. 1st
 or
 Village _____
 or
 City Lookville (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 721
 Primary Registration District No. 47201

File No. 118

Registered No. 19

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

2 FULL NAME John Henry Caruthers

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED W.
 (Write the word)
 6 DATE OF BIRTH January 23, 1836
 (Month) (Day) (Year)
 7 AGE 81 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE Tennessee
 (State or country)

10 NAME OF FATHER Joseph Caruthers

11 BIRTHPLACE OF FATHER N.C.
 (State or country)

12 MAIDEN NAME OF MOTHER Sarah Holloman

13 BIRTHPLACE OF MOTHER Don't Know
 (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Steve Caruthers
 (Address) Lookville

18 July 1, 1917
 Registrar W. L. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 18, 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191__ to 191__, that I last saw him alive on 191__, and that death occurred, on the date stated above, at __ m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
 (Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) J. B. Martin
 (Signed) J. B. Martin M. D.
 191__ (Address) Lookville

*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 Salmon Ground DATE OF BURIAL July 19, 1917

20 UNDERTAKER Lookville Tenn ADDRESS _____