

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. 4
 OR
 Village
 OR
 City

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

5977

Registration District No. 47204
 Primary 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 J. P. Searchrogh

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 9 1897
 (Month) (Day) (Year)

7 AGE 82 yrs. 14 ds.
 If LESS than 1 day, hrs. or min.?

8 OCCUPATION Farmer 000
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Tenn.

10 NAME OF FATHER James Searchrogh

11 BIRTHPLACE OF FATHER Tenn.

12 MAIDEN NAME OF MOTHER Julia Sparks

13 BIRTHPLACE OF MOTHER Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] M. W. Foister

[Address] Sparta, R. 8

15 Filed Feb 11, 1929 Mrs. S. Trapp

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 20 1929
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 192 to 192, that I last saw h. alive on 192, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows: 2056
 old age and heart dropsy had no dx.

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

Signed, M. D. Address, 192

* 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 Date of Burial
 Chase Cemetery Feb 21 1929

20 UNDERTAKER ADDRESS
 William Elrod Sparta R. 8