

WHITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD  
 N. 3. - 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. # I  
 OR  
 Village Cookeville  
 OR  
 City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

8808

Registration District No. 721  
 Primary Registration District No. 27201

File No. \_\_\_\_\_  
 Registered No. 21

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

2 FULL NAME Rufes. Finley

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 19 1860  
 (Month) (Day) (Year)

7 AGE 68 yrs. 9 mos. 12 ds. IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work Farmer 006  
 (b) General nature of industry, business, or establishment in which employed (or employer) Stock Dealer

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Bluford. Finley

11 BIRTHPLACE OF FATHER (State or country) Ind

12 MAIDEN NAME OF MOTHER Adelaide. Johnson

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Mrs. Rufes. Finley

[Address] Sparta. R.F.D. #I

15 Filed Apr 10 1929 Thelma Moore  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 31 1929  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Mar 30 1929 to Mar 31 1929  
 that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_

and that death occurred, on the date stated above, at 12 P.M  
 The CAUSE OF DEATH\* was as follows:

stroke of 1882  
Spine  
 [Duration] \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory [SECONDARY] Stroke  
 (outside) [Duration] \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Signed W. M. Johnson M. D.  
W-5-129 Address Sparta, Tenn

\* 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 \_\_\_\_ 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 Mill. Cemetery DATE OF BURIAL 4/1 1929

20 UNDERTAKER H B Hunter ADDRESS Sparta Tenn