

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 <u>Putnam</u>		STATE OF TENNESSEE STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH		18341
Civil Dist. <u>10</u>		Registration District No. <u>724</u>		File No. _____
Village _____		Primary Registration District No. <u>724</u>		Registered No. <u>8</u>
City _____ (No. _____, St.; _____ Ward)		[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
2 FULL NAME <u>Martha Grogan</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED <u>married</u> (Write the word)	6 DATE OF DEATH <u>June 24</u> 19 <u>29</u> [Month] [Day] [Year]	
6 DATE OF BIRTH <u>Feb 7</u> 1 <u>875</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb</u> 19 <u>29</u> to <u>June 23</u> , 19 <u>29</u> that I last saw her alive on <u>June 23</u> , 19 <u>29</u> and that death occurred, on the date stated above, at <u>2 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis</u> <u>31</u>	
7 AGE <u>54</u> yrs. <u>4</u> mos. <u>17</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?			[Duration] _____ yrs. _____ mos. _____ ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Tenn.</u>			Signed <u>L.M. Freeman</u> M.D. 19 <u>29</u> Address <u>Brownville, Tenn.</u>	
PARENTS	10 NAME OF FATHER <u>John Haggard</u>		* 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.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>		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 _____	
	12 MAIDEN NAME OF MOTHER <u>Coswell</u>		15 PLACE OF BURIAL OR REMOVAL <u>Hanes Cem</u> DATE OF BURIAL <u>June 24</u> 19 <u>29</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn.</u>		16 UNDERTAKER <u>Dowell</u> ADDRESS <u>Brownville</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Bob Grogan</u> [Address] <u>Baxter, R.F.</u>				
15 Filed <u>7/15</u> 19 <u>29</u> <u>W. U. Cole</u> REGISTRAR				