

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

125

1 PLACE OF DEATH
County Jackson
Civil Dist. 1
or
Village _____
or
City _____ (No. _____, St.; _____ Ward)Registration District No. 442File No. 2

Primary Registration District No. _____

Registered No. _____

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

2 FULL NAME Bertel B. Gentry

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)6 DATE OF BIRTH Jan 23, 1910
(Month) (Day) (Year)7 AGE 8 8 25 If LESS than
1 day, ----- hrs. or ----- min.?
----- yrs. ----- mos. ----- ds.8 OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Gainesboro Jackson Co10 NAME OF FATHER Linus Gentry11 BIRTHPLACE OF FATHER (State or country) Jackson Co12 MAIDEN NAME OF MOTHER Lou Hensley13 BIRTHPLACE OF MOTHER (State or country) Jackson Co14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Parents(Address) Gainesboro15 Filed Jan 22, 1918 G. M. Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 18, 1918
(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 _____ m.The CAUSE OF DEATH* was as follows: Influenza
The Dr. being absent makes
impossible to get further
instruction (Duration) _____ yrs. _____ mos. _____ 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 Hensley Cemetery DATE OF BURIAL Oct 18, 191820 UNDERTAKER Friends only ADDRESS _____

WRITE PLAIN 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.