

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

126

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. Frank
or
Village Gainesboro
or
City _____ (No. _____, St.; _____ Ward)Registration District No. 441
Primary Registration District No. 24401File No. 10

Registered No. _____

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

2 FULL NAME Girath Bentley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)6 DATE OF BIRTH Jan 27, 1910
(Month) (Day) (Year)7 AGE 9 yrs. 9 mos. 9 ds. If LESS than 1 day, -----hrs. or -----min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Jackson Co10 NAME OF FATHER L. J. Mrs Bentley11 BIRTHPLACE OF FATHER (State or country) Jackson Co12 MAIDEN NAME OF MOTHER L. H. Bentley13 BIRTHPLACE OF MOTHER (State or country) Jackson

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) Gainesboro15 Filed Nov 2, 1918 M. H. Bentley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 18, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1918, to Oct 17, 1918, that I last saw him alive on Oct 18, 1918, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Pneumonia
In Chamber_____
(Duration) ----- yrs. ----- mos. ----- ds.Contributory (SECONDARY) _____
(Duration) ----- yrs. ----- mos. ----- ds.(Signed) A. P. Cowley M. D.
_____, 191____ (Address) Gainesboro Tenn

*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 don't know DATE OF BURIAL Oct 19, 191820 UNDERTAKER McDermott ADDRESS Gainesboro

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.