

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 Jackson
 Civil Dist. 1
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 482
 Primary Registration District No. _____

File No. 132
5
 Registered No. _____

2 FULL NAME

Arvin Dewey Gentry

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX mas 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
 6 DATE OF BIRTH Dec 6, 1901
 (Month) (Day) (Year)

7 AGE 16 10 15 If LESS than 1 day, ----- hrs. or ----- min.?
 ----- yrs. ----- mos. ----- ds.

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

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER John Gentry

11 BIRTHPLACE OF FATHER (State or country) Goulesboro Tenn

12 MAIDEN NAME OF MOTHER Brennetty mabry

13 BIRTHPLACE OF MOTHER (State or country) Goulesboro Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Parents
 (Address) Cookeville

15 Filed Jan 22, 1918 by A. M. Ballard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 21, 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 5 p.m.

The CAUSE OF DEATH* was as follows:
Influenza terminating in pneumonia
 (Duration) ----- yrs. ----- mos. ----- ds.

Contributory (SECONDARY) _____ (Duration) ----- yrs. ----- mos. ----- ds.
 (Signed) A. B. Fowler M. D.
 _____, 191____ (Address) Goulesboro

*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 4 yrs. 10 mos. ----- ds. In the 16 yrs. 10 mos. 15 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence Goulesboro

19 PLACE OF BURIAL OR REMOVAL Poplar Cemetery DATE OF BURIAL Oct 22, 1918

20 UNDERTAKER Friends only ADDRESS _____