

MARGIN RESERVED FOR BINDING
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		STATE OF TENNESSEE		274
County	Jackson	STATE BOARD OF HEALTH	Bureau of Vital Statistics	
Civil Dist.	8	CERTIFICATE OF DEATH	Registration District No.	44408
Village		Primary Registration District No.	File No.	13
City		(No. St.; Ward)	Registered No.	13
2 FULL NAME		Angil Maford Gentry		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH	
F.M.	white	Single	Oct 21 1920 [Month] [Day] [Year]	
6 DATE OF BIRTH	7 AGE		17 I HEREBY CERTIFY, That I attended deceased from	
Jan 1 1881 (Month) (Day) (Year)	8 yrs. 7 mos. 16 ds. If LESS than 1 day, hrs. or min.?		191* to 191 that I last saw h alive on 191 and that death occurred, on the date stated above, at M	
8 OCCUPATION	9 BIRTHPLACE		The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Jackson Co		I saw her Oct 20 and cause of death was city of Gentry	
10 NAME OF FATHER	11 BIRTHPLACE OF FATHER		[Duration] yrs. mos. ds.	
William Gentry	Jackson Co		Contributory [SECONDARY]	
12 MAIDEN NAME OF MOTHER	13 BIRTHPLACE OF MOTHER		Signed W. M. McCombs M. D. 191 Address Gentry	
Lizzie P. Mansel	Jackson Co		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]		
[Informant] William Gentry		At place of death yrs. 4 mos. ds. In the all her life		
[Address] Cookeville, Tenn.		Where was disease contracted, if not at place of death?		
15 Filed Oct 30 1920 C. M. Ballard REGISTRAR		Former or usual residence		
		19 PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL
		Maudel cemetery		Oct 22 1920
		20 UNDERTAKER		ADDRESS
		Gentry only		