

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  
County Jackson  
Civil Dist. 9  
OR  
Village  
OR  
City

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

275

Registration District No. 44408  
Primary Registration District No.

File No. 11  
Registered No. 16

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

2 FULL NAME

Thomas Frenley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE widow  
MARRIED.  
WIDOWED.  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH Oct 27 1882  
(Month) (Day) (Year)

7 AGE 87 yrs. 8 mos. 25 ds. If LESS than 1 day. hrs. or min.?

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

9 BIRTHPLACE Jackson Co  
(State or country)

10 NAME OF FATHER Asia Bentley

11 BIRTHPLACE OF FATHER Tenn  
[State or country]

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER unknown  
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] John Williams

[Address] 2511 23rd St

15 Filed Oct 3 1920 A. M. Ballard  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 22 1920  
[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:  
220 Medical aid in attendance causing death from Heart & Kidney trouble  
[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 London cemetery DATE OF BURIAL Oct 28 1920

20 UNDERTAKER Friends only ADDRESS \_\_\_\_\_