

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

County Jackson Co

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

Civil Dist. 9

CERTIFICATE OF DEATH

Registration District No. 44408

File No. 4 345

Village \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 4

City \_\_\_\_\_

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

2 FULL NAME Still Borne, no name

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F. M. 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

16 DATE OF DEATH Still Borne  
[Month] [Day] [Year]

6 DATE OF BIRTH April 20, 1891  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_

7 AGE Still Borne If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
yrs. mos. ds.

and that death occurred, on the date stated above, at \_\_\_\_\_ M  
The CAUSE OF DEATH\* was as follows:

8 OCCUPATION none  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer)

Still Borne  
[Duration] yrs. mos. ds.

9 BIRTHPLACE (State or country) Jackson Co

Contributory [SECONDARY] \_\_\_\_\_  
[Duration] yrs. mos. ds.

10 NAME OF FATHER Thiel Gentry

Signed Dr. N. M. McCom & C. P. M. D.  
may 2, 1921 Address Gainesboro

11 BIRTHPLACE OF FATHER (State or country) 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.

12 MAIDEN NAME OF MOTHER Rosa M. Chaffin

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 \_\_\_\_\_

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] D. Chaffin  
[Address] Cookeville 178

19 PLACE OF BURIAL OR REMOVAL Gentry cemetery DATE OF BURIAL April 21, 1921

15 Filed may 2, 1921 A. M. Ballard  
REGISTRAR

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