

Exact statement of OCCUPA-
state CAUSE OF DEATH in plain terms, so that it may be properly classifi-
TION is very important. See instructions on back of certificate.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

395

1 PLACE OF DEATH
County Jackson
Civil Dist. No 9
OR
Village _____
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 44468
Primary Registration District No. _____

File No. 13
Registered No. 13

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

2 FULL NAME Hickman P Gentry

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 22 1874
(Month) (Day) (Year)

7 AGE 48 yrs. 2 mos. 20 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer 000
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Henderson Gentry

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Gouverna Gentry

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Henderson Gentry
[Address] Gainesboro

15 Filed Nov 9 by A. M. Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 12 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 7 1922 to Oct 12 1922 that I last saw him alive on Oct 12 1922 and that death occurred, on the date stated above, at 9 P. M

The CAUSE OF DEATH* was as follows
Apoplectic Embolism of the brain

[Duration] 5 yrs. 10 mos. 16 ds.
Contributory [SECONDARY] Basillary Opuntory
[Duration] _____ yrs. _____ mos. _____ ds.

Signed R. C. Galt M. D.
Nov 6 1922 Address Gainesboro

* 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 Gentry Cemetery DATE OF BURIAL Oct 13 1922
20 UNDERTAKER Friends ADDRESS _____