

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 15

Village _____

City _____ (No. _____ St.; _____ Ward)

Registration District No. 44415

Primary Registration District No. _____

File No. 12

Registered No. _____

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

2 FULL NAME Medelia Gentry

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ 1 _____ (Month) (Day) (Year)

7 AGE 59 yrs. _____ mos. _____ da. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION (a) Trade, profession, or particular kind of work House work (b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER John Nails11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (State or country) Helitha Nails

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE*

[Informant] Alexandra Gentry[Address] Gainesboro15 Filed Dec 24 ms. J. M. Casore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 5 1924 [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: 50Fracture of Base of Skull
Stomach

[Duration] _____ yrs. _____ mos. _____ da.

Contributory [SECONDARY] _____

[Duration] _____ yrs. _____ mos. _____ da.

Signed R. E. Day M. D._____ 191____ Address Gainesboro

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death _____ yrs. _____ mos. _____ da. In the _____ State _____ yrs. _____ mos. _____ da.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Mines Cemetery DATE OF BURIAL Nov 6 192420 UNDERTAKER James Draper ADDRESS Gainesboro

MARGIN RESERVED FOR BINDING (LA)

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.