

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.

PLACE OF DEATH

County Jackson
Civil Dist. 2
OR
Village 8
OR
City Hamber (No. 2)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1929
5289

Registration District No. 44402

File No. 2

Primary Registration District No. 2

Registered No. 2

St. _____ Ward _____

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

2 FULL NAME Mrs Martha A. Gentry

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
(Write the word)

6 DATE OF BIRTH 5 2 1854
(Month) (Day) (Year)

7 AGE 74 yrs. 10 mos. 8 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or county) Jackson Co Tenn

10 NAME OF FATHER Broad Haines

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Slip

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

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

[Address] _____

15 Filed Feb 1 1929 Along McEwally REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 10 1929
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Dec 27 1929 to Jan 9 1929, that I last saw her alive on Jan 9 1929 and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:
Pulmonary
Emphysema

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.

Signed Chas H. Robinson M. D.
Jan 10 1929 Address W. H. H. H.

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 Howell Cemetery DATE OF BURIAL Jan 11 1929

20 UNDERTAKER James Woolf act ADDRESS Hamber