

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 Putnam, O

Civil Dist. # 16

OR Village Baxter,

OR City R.F.D. # 2. (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47116

Primary Registration District No. _____

File No. 136

Registered No. _____

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

2 FULL NAME W.R.A. Gentry,

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White, 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH September, 3rd 1854.
(Month) (Day) (Year)

7 AGE 67 yrs. 10 mos. 24 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Putnam Co. Tenn.

10 NAME OF FATHER William Grantry,

11 BIRTHPLACE OF FATHER (State or country) Putnam Co. Tenn.

12 MAIDEN NAME OF MOTHER Loucindy Conway,

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] James Gentry,

[Address] Baxter, Tenn. R.2.

15

Filed Aug 3, 1922 Abc Mitchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 27th 1922
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 7th 1922 to July 27th 1922 that I last saw him alive on July 27th 1922 and that death occurred, on the date stated above, at 11 AM

The CAUSE OF DEATH* was as follows: Chronic Prostratitis 135

[Duration] 2 yrs. 4 mos. ds.

Contributory [SECONDARY] _____

[Duration] ____ yrs. ____ mos. ____ ds.

Signed J Mac Wheeler, M. D.
July, 27, 1922 Address Baxter, Tenn.

* State the DISEASE CAUSING DEATH, or, in deaths from INSTANT CAUSE, 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 DATE OF BURIAL

Maxwell Cemetery July 22, 1922

20 UNDERTAKER ADDRESS

Walter Gentry Cookville