STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

484

1 PLACE OF DEATH

County Sumner

Civil Dist. 1

or Village

or City (No. St.; Ward)

Registration District No. 5-31a

Primary Registration District No. 1

File No. 93

Registered No.

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

2 FULL NAME A M Bryan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Feb 7, 1833 (Month) (Day) (Year)

7 AGE 83 yrs. 5 mos. 2 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)

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER William P Bryan

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Cynthia Hamptom

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs A M Bryan

(Address) Celina Tenn

15

Filed 8-7, 1917 J P Parsons REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 12, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 6th, 1917, to July 8, 1917.

that I last saw him alive on July 8, 1917.

and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH * was as follows: Senile Gangrene 129

Hours (Duration) ----- yrs. ----- mos. ----- ds.

Contributory (SECONDARY) Senility Child

(Duration) 2 yrs. ----- mos. ----- ds.

(Signed) L. V. Bayless M. D.

July 13, 1917. (Address) Celina Tenn

*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	DATE OF BURIAL
Pleasant View Cem	July 14, 1917
20 UNDERTAKER	ADDRESS
Higgins Bro	Hendersonville Tenn

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.

Form V. S. No. 4—100M FOSTER & PARKES CO., NASHVILLE