

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

48

1 PLACE OF DEATH
 County Jackson
 Civil Dist. # 1
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

Registration District No. 441 File No. 4
 Primary Registration District No. _____ Registered No. _____

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

2 FULL NAME Wm Barnhardt

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 4, 1847
 (Month) (Day) (Year)

7 AGE 71 yrs. 29 mos. 29 ds. If LESS than 1 day, ---- hrs. or ---- min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Mechanic & Sawyer
 (b) General nature of industry, business, or establishment in which employed (or employer) 378

9 BIRTHPLACE (State or country) New York

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (State or country) Don't know

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) William P. Anderson
P. H. Supt.
 (Address) Gainesboro Tenn.

15 Filed April 25 1918 W. H. Settle
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 3, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1918, to April 2, 1918, that I last saw him alive on April 2, 1918, and that death occurred, on the date stated above, at 9³⁰ am.

The CAUSE OF DEATH* was as follows:

General Anasarca. (he was a pipe fitter)
 (Duration) ---- yrs. ---- mos. ---- ds.

Contributory (SECONDARY) (Duration) ---- yrs. ---- mos. ---- ds.

(Signed) Henry P. Goffe, M. D.
May 11, 1918 (Address) Gainesboro

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF 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 County cimet. DATE OF BURIAL April 4, 1918

20 UNDERTAKER McKernan & Sons ADDRESS Gainesboro

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.