

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 8OR
VillageOR
CityRegistration District No. 44408File No. 4319

Primary Registration District No.

Registered No.

(No. , St.; Ward)

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

2 FULL NAME Eva Nell Barden

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)6 DATE OF BIRTH :
(Month) (Day) (Year)7 AGE 3 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Kentucky10 NAME OF FATHER Lesley Barden11 BIRTHPLACE OF FATHER [State or country] Ky.12 MAIDEN NAME OF MOTHER Ava Swan13 BIRTHPLACE OF MOTHER [State or country] Tenn.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Lila Swan[Address] Whitliville Tenn.15 Filed Mar. 9, 1924 Mrs. J. M. Eason
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 20, 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: 205aBald BrainLesley Barden

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed M. D.

191 Address

* 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 Ray Cem. DATE OF BURIAL Feb 25, 192420 UNDERTAKER Frank Swan ADDRESS Whitliville

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.