

MARGIN RESERVED FOR BINDING OF

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 Jackson
Civil Dist. 6
OR
Village Granville
OR
City (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 44405
Primary Registration District No. _____

File No. 351

Registered No. 2

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

2 FULL NAME

Jack Barter

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Exact date not known
(Month) (Day) (Year)

7 AGE 73 yrs. _____ mos. _____ da. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer 000
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Jackson

10 NAME OF FATHER Willis Barter

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Bettie Price

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] A. B. Blemers

[Address] Granville Tenn

15 Filed 7/20 21 W. F. Maddux
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 11 1921
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May 10 1921 to May 11, 1921.
that I last saw him alive on May 10, 1921
and that death occurred, on the date stated above, at 8 a. m.
The CAUSE OF DEATH* was as follows: Apoplexy 74a

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

Signed L. M. Freeman M. D.
7/20, 1921 Address Granville

* 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. _____ da. In the State _____ yrs. _____ mos. _____ da.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Barter's Graveyard DATE OF BURIAL 5/12 1921

20 UNDERTAKER Williamson Bros ADDRESS Granville