STATE OF TENNESSEE D 11 452

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

DO NOT TEAR OUT

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. 4

OR

Village

OR

City (No. , St.; Ward)

Registration District No.

Primary Registration District No. 442

File No.

Registered No. 10

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

2 FULL NAME Lucy Catherine Barnes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE:

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

6 DATE OF BIRTH: Oct 17 1923 (Month) (Day) (Year)

7 AGE: yrs. 11 mos. da.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Haines born In

PARENTS

10 NAME OF FATHER: Leroy Barnes

11 BIRTHPLACE OF FATHER [State or country]: Haines born

12 MAIDEN NAME OF MOTHER: Sara Smith

13 BIRTHPLACE OF MOTHER [State or country]: Haines born

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Manda Barnes

[Address] Haines born

15

Filed Nov 4 1924 A J Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 17 1924 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 192 , to , 192 ,

that I last saw h alive on , 192 ,

and that death occurred, on the date stated above, at M

The CAUSE OF DEATH* was as follows:

Hooping Cough 9

no medical aid in

attendance

[Duration] yrs. mos. da.

Contributory [SECONDARY]

[Duration] yrs. mos. da.

Signed A J Harris Reg M. D.

, 192 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. 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: Asa Lyon

DATE OF BURIAL: Oct 18 192

20 UNDERTAKER: Asa Lyon

ADDRESS: Gamaliel