

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.

1 PLACE OF DEATH

County White

Civil Dist. 5

OR
Village walling

OR
City _____

2 FULL NAME

Houston Wheeler Barnett

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

11786

Registration District No. 943

Primary Registration District No. _____

File No. 20

Registered No. 20

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug 31 1968
(Month) (Day) (Year)

7 AGE 58 yrs. 8 mos. 13 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. Rail Road Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) 544

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Patrick Barnett

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Jane Harris

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Henry Barnett

[Address] Sparta

15 Filed May 16 1927 Mar 7 13 Sparta
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

6 DATE OF DEATH May 14 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 20 1927, to May 14, 1927, that I last saw him alive on May 14, 1927 and that death occurred, on the date stated above, at 10 P M

The CAUSE OF DEATH* was as follows: 129
Chronic Anphritis
with Uremia

[Duration] yrs. mos. ds.
Contributory [SECONDARY] High blood pressure

Signed E L Honeyman M. D.
5/17, 1927 Address Rock Island

* 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 Wartrace Church DATE OF BURIAL 5/16 1927

20 UNDERTAKER H B Hunt ADDRESS Sparta