

## 1 PLACE OF DEATH

County RentonCivil Dist. 2

Village \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

Registration District No. 49302

File No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 4

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

2 FULL NAME John P. Barnes

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)6 DATE OF BIRTH Nov 23, 1849  
(Month) (Day) (Year)7 AGE 70 yrs. 1 mos. 15 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) 0009 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Henry Barnes11 BIRTHPLACE OF FATHER (State or country) N.C.12 MAIDEN NAME OF MOTHER Susan Nyath13 BIRTHPLACE OF MOTHER (State or country) Tenn

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. K. Barnes(Address) Holladay, Tenn15 Filed Jan 8, 1920 J. P. Barnes  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 7, 1920  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 4th 1920, to Jan 7th 1920, that I last saw him alive on Jan 7th 1920, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH\* was as follows:

Phurman's 1016Contributory (SECONDARY) None(Signed) J. Y. Wallace, M. D.Jan 8, 1920 (Address) Holladay, Tenn

\*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 Liberty Church DATE OF BURIAL Jan 9, 1920

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

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.