

1 PLACE OF DEATH

County Benton
 Civil Dist. 14th
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 4th 40314 File No. 139

Primary Registration District No. 40314 Registered No. 2

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

2 FULL NAME John W. Barnes

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH March 13th, 1883
 (Month) (Day) (Year)

7 AGE 32 yrs. 7 mos. 15 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Benton Co Tenn

10 NAME OF FATHER James H. Barnes

11 BIRTHPLACE OF FATHER (State or country) Benton Co Tenn

12 MAIDEN NAME OF MOTHER Angeline Lewis

13 BIRTHPLACE OF MOTHER (State or country) Benton Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James H. Barnes

(Address) R. R. 1 Holladay Tenn

15 Filed 7th Nov., 1914 H. J. Smith

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 29 2:20 am 1914
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1914, to 29 Oct, 1914, that I last saw him alive on Oct 8th, 1914, and that death occurred, on the date stated above, at 2:20 p.

The CAUSE OF DEATH * was as follows:
Pulmonary Tuberculosis
 (Duration) ____ yrs. 2 mos. X ds.

Contributory (SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) L. D. Murphy M. D.
Oct 29, 1914 (Address) Betha v. 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 Switzerland Liberty Church DATE OF BURIAL 31st Oct. 1914

20 UNDERTAKER B. D. Carr ADDRESS R. R. Holladay Tenn