

Size 9/16 x 7/16
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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				STATE OF TENNESSEE		STATE DEPARTMENT OF HEALTH		Division of Vital Statistics		CERTIFICATE OF DEATH	
County		Benton		03-02		Registration District No.		H0302		File No.	
Civil Dis.		2		03-02		Primary Registration District No.				Reg. No. 5	
Village		Holladay		(No., St.; Ward)							
City											
Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. if of foreign birth?..... yrs. mos. ds.											
2. FULL NAME						Nancy C. Barnes. 652					
(a) Residence: No.						Holladay St., Ward.					
(Usual place of abode)						(If nonresident give city or town and State)					
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH					
3. SEX		4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH (month, day, and year)					
F		W.		Widow		9/6/34, 19					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of						22. I HEREBY CERTIFY, That I attended deceased from					
John P. Barnes						19..... to 19.....					
6. DATE OF BIRTH (month, day, and year)						I last saw h..... alive on..... 19....., death is said					
Oct 5, 1849						to have occurred on the date stated above, at..... m.					
7. AGE		Years		Months		Days		If LESS than 1 day, hrs. or min.		The principal cause of death and related causes of importance in order of onset were as follows:	
84		11		1						Date of onset	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.						Did not attend her					
Housekeeper						Only sent medicine to David rest on request of her son. Do not know what the trouble was					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						Contributory causes of importance not related to principal cause:					
10. Date deceased last worked at this occupation (month and year)						probably senility 162					
11. Total time (years) spent in this occupation						Name of operation..... Date of.....					
12. BIRTHPLACE (city or town) (State or country)						What test confirmed diagnosis?..... Was there an autopsy?.....					
Carroll Co. Tenn						23. If death was due to external causes (violence) fill in also the following:					
13. NAME						Accident, suicide, or homicide?..... Date of injury..... 19.....					
Green Smathers						Where did injury occur?..... (Specify city or town, county, and State)					
14. BIRTHPLACE (city or town) (State or country)						Specify whether injury occurred in industry, in home, or in public place.					
Carroll Co. Tenn						Manner of injury.....					
15. MAIDEN NAME						Nature of injury.....					
Pinkerston						24. Was disease or injury in any way related to occupation of deceased?.....					
16. BIRTHPLACE (city or town) (State or country)						If so, specify.....					
Carroll Co. Tenn						(Signed) W. B. Leslie M. D.					
17. INFORMANT (Address)						Holladay Tenn					
W. J. Barnes											
Holladay											
18. BURIAL, CREMATION, OR REMOVAL Place						Date					
Liberty						9/7/34, 19					
19. UNDERTAKER (Address)											
Pender Funeral Home											
Pender											
20. FILED						9-9-34					
Holladay						Registrar.					