

11577

CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

REG. NO.	17
REG. DIST. NO.	92

0918
0918

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

1. FULL NAME Dorah Elizabeth Barnes 2. DATE OF DEATH Apr-10-42

(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:

A) COUNTY Carroll CIVIL DISTRICT 18

B) CITY OR TOWN Buena Vista Tenn
(IF OUTSIDE CITY LIMITS, WRITE RURAL)

C) NAME OF HOSPITAL _____
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)

D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY 16 days

4. LEGAL RESIDENCE: A) STATE Tenn CIVIL DISTRICT 18

B) COUNTY Carroll

C) CITY OR TOWN Buena Vista Tenn
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)

D) STREET NO. _____

E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)

IF YES, NAME COUNTRY _____

5. RACE OR COLOR White

6. SEX Female

7. SINGLE, MARRIED, WIDOWED, DIVORCED MARRIED

8. AGE 62 YEARS 8 MONTHS 24 DAYS IF LESS THAN ONE DAY

9. DATE OF BIRTH: MONTH July DAY 16 YEAR 1879

10. PLACE OF BIRTH: CITY OR COUNTY Benton Tenn STATE OR COUNTRY Tenn

11. HUSBAND OR WIFE OF Claron Luther Barnes

AGE OF HUSBAND OR WIFE, IF LIVING 64 YEARS

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Mar 31 1942 TO Apr 10 1942

AND THAT I LAST SAW HER ALIVE ON Apr 9 1942

AND THAT DEATH OCCURRED ON THE DATE STATED AT 10:00 AM

IMMEDIATE CAUSE OF DEATH:

Broncho Pneumonia

Seasonal

DURATION 7 days

35

107

DUE TO: Following measles.

12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____

NAME OF WAR _____

13. USUAL OCCUPATION At home

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____

OPERATION? _____ FINDINGS _____

AUTOPSY? _____ FINDINGS _____

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY _____

14. INDUSTRY OR BUSINESS _____

15. FATHER FULL NAME Jordan Mothers

CITY OR COUNTY Benton Tenn STATE OR COUNTRY Tenn

16. MOTHER MAIDEN NAME Martha Jane Hatley

CITY OR COUNTY Benton Tenn STATE OR COUNTRY Tenn

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

17. INFORMANT Dorah Barnes

ADDRESS Buena Vista Tenn

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____

B) DATE OF OCCURRENCE _____

18. BURIAL, REMOVAL OR CREMATION Burial DATE Apr-11-42

CEMETERY Liberty PLACE Holla day Tenn

C) WHERE DID INJURY OCCUR _____ CITY COUNTY STATE

D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____

19. UNDERTAKER W. J. Brown Co

ADDRESS Wauhatchie Tenn BY W. J. Brown

WHILE AT WORK _____ MEANS OF INJURY _____

DATE FILED July 3 1942 Mrs. L. W. Moore REGISTRAR

SIGNATURE C. T. Coit M.D.

ADDRESS Westport Tenn DATE SIGNED Apr 10-42

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).

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