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# CERTIFICATE OF DEATH

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DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS  
COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 27  
REG. DIST. NO. 31

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY  
USE INK

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).

ALL CERTIFIED COPIES ARE MADE BY PHOTOSTAT.

1. FULL NAME MARY ANN BARNES 2. DATE OF DEATH FEB 17 1944  
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:  
A) COUNTY BENTON CIVIL DISTRICT 2  
B) CITY OR TOWN RURAL  
(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 50 YRS

4. LEGAL RESIDENCE:  
A) STATE TENN  
B) COUNTY BENTON CIVIL DISTRICT 2  
C) CITY OR TOWN HOLLADAY RT. 2  
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)  
D) STREET NO. \_\_\_\_\_  
E) CITIZEN OF FOREIGN COUNTRY NO (YES OR NO)  
IF YES, NAME COUNTRY \_\_\_\_\_

5. RACE OR COLOR WH. 6. SEX FE 7. SINGLE, MARRIED, WIDOWED, DIVORCED  
8. AGE 96 YEARS 3 MONTHS 9 DAYS IF LESS THAN ONE DAY HRS. MINS.

MEDICAL CERTIFICATION  
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM \_\_\_\_\_ 19\_\_\_\_ TO \_\_\_\_\_ 19\_\_\_\_  
AND THAT I LAST SAW HIM ALIVE ON \_\_\_\_\_ 19\_\_\_\_  
AND THAT DEATH OCCURRED ON THE DATE STATED AT \_\_\_\_\_ M.

9. DATE OF BIRTH: MONTH NOV. DAY 8 YEAR 1847

IMMEDIATE CAUSE OF DEATH:  
intermittent eye

10. PLACE OF BIRTH: CITY OR COUNTY CARROLL STATE OR COUNTRY TENN

DUE TO: \_\_\_\_\_

11. HUSBAND OR WIFE OF \_\_\_\_\_  
AGE OF HUSBAND OR WIFE, IF LIVING \_\_\_\_\_ YEARS

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) \_\_\_\_\_

12. IF VETERAN NAME OF WAR \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

OPERATION? FINDINGS \_\_\_\_\_

13. USUAL OCCUPATION \_\_\_\_\_

AUTOPSY? FINDINGS \_\_\_\_\_

14. INDUSTRY OR BUSINESS \_\_\_\_\_

15. FATHER FULL NAME JOHNNY GREEN

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

BIRTHPLACE CITY OR COUNTY CARROLL STATE OR COUNTRY TENN

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) \_\_\_\_\_

16. MOTHER MAIDEN NAME MARTHA PINKSTON

B) DATE OF OCCURRENCE \_\_\_\_\_

BIRTHPLACE CITY OR COUNTY CARROLL STATE OR COUNTRY TENN

C) WHERE DID INJURY OCCUR \_\_\_\_\_ CITY COUNTY STATE

17. INFORMANT E. A. Barnes

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

ADDRESS Holladay, Tenn. RT. 2

WHILE AT WORK MEANS OF INJURY \_\_\_\_\_

18. BURIAL, REMOVAL OR CREMATION BURIAL DATE FEB. 18 1944

SIGNATURE W. S. Wilber M.D.

CEMETERY LIBERTY PLACE HOLLADAY RT. 2

ADDRESS Camden DATE SIGNED 2/2/44

19. UNDERTAKER W. S. Wilber RECEIVED Funeral Home

ADDRESS Camden, Tenn. BY W. S. Wilber

DATE FILED Mar 10 1944 REGISTRAR E. H. Barnes