

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

50-07401

BIRTH NO.

1. NAME

Lance

FIRST

MIDDLE

LAST

2. DATE OF DEATH

3/30/1950

MONTH

DAY

YEAR

3. COLOR
OR
RACE

W

4. SEX

M

5. SINGLE, MARRIED, WIDOWED,
DIVORCED (SPECIFY)

6. DATE OF BIRTH

Feb 14, 1882

7. AGE (IN YEARS
LAST BIRTHDAY)IF UNDER 1 YR.
MONTHS DAYSIF UNDER 24 HRS.
HOURS MINS.

8. PLACE OF DEATH

A. COUNTY

Benton

B. CIVIL DISTRICT

4th9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution
Residence Before Admission)

A. STATE

B. COUNTY

C. CIVIL DISTRICT

14

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Camber, Rural

D. LENGTH OF STAY
IN THIS PLACE

years

D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

R A 3

E. NAME OF HOSPITAL (If not in Hospital or Institution,
OR INSTITUTION Give Street Address and Location)

now

E. STREET (IF RURAL, GIVE LOCATION)
ADDRESS10A. USUAL OCCUPATION (Give Kind of Work Done During Most
of Working Life, Even if Retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. SOCIAL SECURITY NUMBER

12. WAS DECEASED EVER IN U.S. ARMED FORCES?
SPECIFY, YES, NO, UNKNOWNIF YES, GIVE WAR AND
DATES OF SERVICE

no.

13. BIRTHPLACE (State or Foreign Country)

Benton

14. CITIZEN OF WHAT COUNTRY?

U.S.

15. FATHER'S NAME

John Turkey Barnes

16. MOTHER'S MAIDEN NAME

Caline Smother

17. INFORMANT

Mo.

ADDRESS

Hicks, Camden 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

1. DISEASE OR CONDITION DI-
RECTLY LEADING TO DEATH*

(A)

Broncho-pneum.

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY,
GIVING RISE TO ABOVE CAUSE (A)
STATING THE UNDERLYING CAUSE
LAST.

DUE TO (B)

DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT
RELATED TO THE DISEASE OR CONDITION CAUSING DEATHINTERVAL BETWEEN
ONSET AND DEATH

3 days

491

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20A. AUTOPSY

YES NO

20B. FINDINGS AT AUTOPSY

21A. ACCIDENT
SUICIDE
HOMICIDE

(SPECIFY)

21B. PLACE OF INJURY (In or About
Home, Farm, Factory, Street, Office Build'g, etc.)

21C. PLACE OF INJURY

CITY, TOWN OR RURAL

COUNTY

STATE

21D. TIME
OF
INJURY

MONTH DAY YEAR HOUR

21E. INJURY OCCURRED

WHILE NOT WHILE
AT WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE

M.D.

OTHER STATE HEALTH OFFICER

ADDRESS

C. H. Barnes

(SPECIFY)

Camber

0561 APR 3 1950

23A. BURIAL, CREMATION,
REMOVAL (SPECIFY)23B. DATE OF BURIAL, CRE-
MATION, OR REMOVAL

23C. NAME OF Cemetery or Crematory

23D. LOCATION CITY, TOWN OR COUNTY

STATE

24. FUNERAL DIRECTOR

ADDRESS

25. REGISTRATION
DIST. NO.26. DATE SIGNED BY
LOCAL REG.

27. REGISTRAR'S SIGNATURE

Camber Funeral Home, Camden, Tenn.

3/1

4-4-1950

C. H. Barnes