

MARGIN RESERVED FOR BINDING

Form V 8-4-10M-8-39-71168-C-McB.

N. B.—WRITE PLAINLY WITH LEADING 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 instruction on back of certificate.

A. Ellis

1. PLACE OF DEATH

County Miss. Registration District No. 423

Township Monroe Primary Registration District No. 6273 File No. _____

Inc. Town or City Oscoda (No. _____ St. _____ Ward _____)

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

Length of residence in city or town where death occurred yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? yrs. _____ mos. _____ days.

2. FULL NAME L. C. Barnes

(a) Resident: No. Rt 3 Oscoda St. _____ Ward FEB 1940

(Usual place of abode) (If non-resident, give city or town and _____)

Do Not Use This Space

977

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs. Johnnie Barnes

6. DATE OF BIRTH Jan 12 1875

7. AGE Years 64 Months 11 Days 21 If LESS than 1 day hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or Country) Tenn.

13. NAME OF FATHER Carroll Barnes

14. BIRTHPLACE OF FATHER (City or Town) (State or Country) Tenn.

15. MAIDEN NAME OF MOTHER Polly Anne Smith

16. BIRTHPLACE OF MOTHER (City or Town) (State or Country) Tenn.

17. INFORMANT (Address) Rt 3, Oscoda

18. BURIAL, CREMATION OR REMOVAL Place Gravel Point Date 1-5-1940

19. Undertaker (Address) Swift Funeral Home
Oscoda, Mich.

20. Filed 3/10 1940 Elizabeth Kueper

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 3 1940

(Month, Day, Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 - 1938 to Jan 3rd 1940

I last saw him alive on Dec 27 1940; death is said to have occurred on the date stated above at 8:00 P. m.

The principal cause of death, and related causes of importance, were as follows: Angina Pectoris

Date of onset _____

Other Contributory causes of importance: Cardiac Arterio Sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify City or Town, County and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) A. B. Ellis M. D.

Address Wilson - Ark