

277
SEE REGULATIONS ON THE BACK

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. USE BLACK INK. THIS IS A PERMANENT RECORD. ALL ITEMS SHOULD BE COMPLETE AND ACCURATE. GIVE FULL NAME OF DECEASED CORRECTLY SPOelled, AGE AND BIRTHDATE OF DECEASED MUST BE ACCURATE.

Form No. 104

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH COUNTY OF <u>Shelby</u> - ⁸⁰⁸⁶ ₂₀₅ ¹⁰⁰ ₀₃₀₅		CERTIFICATE OF DEATH STATE OF TENNESSEE DEPT. OF PUBLIC HEALTH DIVISION OF VITAL STATISTICS	
CIVIL DISTRICT <u>Memphis Tenn.</u> CITY (OR TOWN) <u>Memphis Tenn.</u> ADDRESS OF PLACE OF DEATH <u>Baptist Memorial Hospital</u> (If death occurred in a hospital or institution, give NAME, not street and number)		STATE FILE NUMBER 9098	
Length of residence in city or town where death occurred _____ yrs. _____ mos. <u>13</u> days		REG. No. <u>1636</u> REG. DIST. No. <u>801</u> PRIM. REG. _____ DIST. No. _____ To be inserted by Registrar	
2. FULL NAME <u>W. C. Barnhart</u>		If war veteran, give war and military or- NON RESIDENT	
(A) RESIDENCE <u>Camden, Tenn. - Rt. 3</u> (Usual place of abode—If non-resident of place of death, give town and State)			
3. SEX <u>m</u>	4. RACE OR COLOR <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (write the word) <u>widowed</u>	21. DATE OF DEATH <u>April</u> <u>26</u> 19 <u>39</u> month day year
5A. HUSBAND } OF OR WIFE }	6. DATE OF BIRTH month <u>July</u> day <u>22</u> year <u>1895</u>	7. AGE <u>43</u> yrs. <u>9</u> mos. <u>4</u> days <u>4</u> hrs. _____ mins. IF LESS THAN ONE DAY	22. I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM <u>April 12</u> 19 <u>39</u> TO <u>April 26</u> 19 <u>39</u> I LAST SAW HIM ALIVE ON <u>April 25</u> 19 <u>39</u> DEATH IS SAID TO HAVE OCCURRED ON DATE STATED ABOVE, AT <u>3:15</u> A. M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES IN ORDER OF ONSET WERE:
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>farmer</u>	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) <u>Sept. 1938</u>	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____
12. BIRTHPLACE (city or town) (State or country) <u>Benton Co., Tenn.</u>	13. NAME <u>Robt Barnhart</u>	14. BIRTHPLACE (city or town) (State or country) <u>Benton Co., Tenn.</u>	15. MAIDEN NAME <u>Keggie Clark</u>
16. BIRTHPLACE (city or town) (State or country) <u>Benton Co., Tenn.</u>	17. INFORMANT <u>Robert Barnhart</u> (Address) <u>Camden Tenn.</u> (Signature)	18. BURIAL, CREMATION OR REMOVAL DATE <u>7-26</u> CEMETERY <u>Camden Tenn.</u>	19. UNDERTAKER <u>Camden Funeral Home</u> (Firm name) ADDRESS <u>Camden Tenn.</u> <u>Mr. H. H. Brown</u>
20. FILED <u>4-26-39</u> <u>L. M. Graves</u> Registrar	23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) GIVE FOLLOWING DATA: ACCIDENT, SUICIDE OR HOMICIDE? _____ DATE OF INJURY _____ 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? _____ IF SO, SPECIFY _____		25. NAME OF OPERATION _____ DATE _____ WHAT LAB. TEST CONFIRMED DIAGNOSIS? _____ AUTOPSY? _____	
		26. CONTRIBUTORY CAUSES OF IMPORTANCE <u>(1) Thrombophlebitis (Rt. Femoral)</u> <u>(2) Pulmonary Embolism</u>	
		DATE OF ONSET <u>100</u>	
		(SIGNED) <u>H. L. Bayan</u> M. D. (ADDRESS) <u>Baptist Hosp.</u>	