

Chattanooga

Form V. S. No. 4

MARGIN RESERVED FOR BINDING

Size 8 1/2 x 11 1/4

N. B.—WRITE PLAINLY, WITH UNFADING 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 instructions on back of certificate.

730

File No. 165

Reg. No.

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Hamilton 3307
Civil Dis. 1 3307
Village or City Chattanooga 3307
Registration District No. 3307
Primary Registration District No.
City No. 101 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Alfred B. Barber 616
(a) Residence: No. Signal Mt. St., 3rd Ward. (Usual place of abode)
(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>1/6/35</u> , 19	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Caroline H. Finnes</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>3:35</u> to <u>1-6</u> , 19 <u>35</u>	
6. DATE OF BIRTH (month, day, and year) <u>Dec 6, 1852</u>				I last saw him alive on <u>1-6</u> , 19 <u>35</u> , death is said to have occurred on the date stated above, at <u>4:40 P.</u>	
7. AGE Years <u>82</u>	Months	Days	If LESS than 1 day, hr. min.	The principal cause of death and related causes of importance in order of onset were as follows: <u>Bilateral Pulmonary tuberculosis</u> <u>Broncho-pneumonia</u>	Date of onset
8. Trade, profession, or particular kind of work done, as spinner, sawyer, hookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Machinist</u>				Contributory causes of importance not related to principal cause <u>23</u>	
10. Date deceased last worked at this occupation (month and year).....				11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (city or town) <u>N.Y.</u> (State or country)					
13. NAME <u>Henry Barber</u>					
14. BIRTHPLACE (city or town) <u>N.Y.</u> (State or country)					
15. MAIDEN NAME <u>Mary Rice</u>					
16. BIRTHPLACE (city or town) <u>N.Y.</u> (State or country)					
17. INFORMANT <u>Leon Barber</u> (Address) <u>Signal Mt.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hamilton</u> Date <u>1/7/35</u>					
19. UNDERTAKER <u>Hermitage Co.</u> (Address) <u>1-7-35</u>					
20. FILED <u>1-7-35</u> 19 <u>35</u> Registrar. <u>Chattanooga</u>					
Name of operation..... Date of..... What test confirmed diagnosis? <u>Clinical & x-ray</u> Was there an autopsy? <u>no</u>					
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? <u>no</u> If so, specify..... (Signed) <u>Dr. H. H. Hooper</u> M. D. (Address) <u>Chattanooga</u>					