

CERTIFICATE OF DEATH
STATE OF ALABAMA—BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

File No. for State
 Registrar Only.

10155

1 PLACE OF DEATH Houston No. 35-5743
 County _____
 Town or City of Houston No. _____ St. _____ Ward _____

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

2 FULL NAME Jas. J. Barner
 (a) Residence, No. Houston Ala St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE N 5 SINGLE, MARRIED, WID-
 OWED, OR DIVORCED Married
 (Write the word)

5a Is married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Mrs. Mollie O. Barner

6 DATE OF BIRTH (month, day, and year) Oct 30-1856

7 AGE Years Months Days If LESS than
64-5-28 1 day _____ hrs.
 or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barman
 (b) General nature of industry, business, or establishment in which employed (or employer) Bar
 (c) Name of employer Dr. J. J. Barner

9 BIRTHPLACE (city or town) (State or country) Houston Ala

10 NAME OF FATHER Chas. Barner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Houston Ala

12 MAIDEN NAME OF MOTHER Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Houston Ala

14 Informant Dr. Wyatt Barner
 (Address) Houston Ala

15 Filed 4-20 19 1 E. C. Hall
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

That I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Bright's disease

CONTRIBUTORY
 (Secondary)

18 Where was disease contracted
 If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) _____ M. D.

19 (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional information.)

13 PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL 19

20 UNDERSIGNED Dr. J. J. Barner
 Registrar

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.