

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

49

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Beaufort Registration District No. 7-2034 State NC Register No. 152  
Township Wash or Village \_\_\_\_\_  
City Washington No. Washington Hospital Sr. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give NAME instead of street and number)

2 FULL NAME W.T. Barnes William Thomas Barnes Sr. \_\_\_\_\_ Ward \_\_\_\_\_  
(If nonresident give city or town and State)  
(a) Residence. No. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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 Mary Duffey Barnes

6 Date of birth (month, day, and year)  
7 Age 49 years Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, hrs. or min. \_\_\_\_\_

8 Occupation of deceased  
(a) Trade, Profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9 Birthplace (city or town) Pitt (State or country) NC

10 Name of Father J.H. Barnes

11 Birthplace of Father (city or town) Wilson Co. (State or country) \_\_\_\_\_

12 Maiden Name of Mother Eugenia Whinden

13 Birthplace of Mother (city or town) Pitt Co. (State or country) \_\_\_\_\_

14 Informant Mary Duffey Barnes  
(Address) Garfield, R.F.D. 4

15 Filed Oct 10 1924 J.R. Meeking REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Oct 9 1924

17 I HEREBY CERTIFY, that I attended deceased from Oct 6 1924 to Oct 9 1924 that I last saw him alive on Oct 9 1924 and that death occurred, on the date stated above, at 11:30

THE CAUSE OF DEATH was as follows:  
Easitis following operation for gall stones and Vaginitis, 6 days  
(duration) yrs. mos. ds.

Contributory (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? yes Date of Oct 6

Was there an autopsy? no

What test confirmed diagnosis? Death

(Signed) D.S. Taylor M.D.  
. 19 (Address) Washington

\*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 space.)

19 Place of Burial, Cremation, or removal Tarboro Date of Burial Oct 10 1924  
Address \_\_\_\_\_

20 Undertaker Wooden City \_\_\_\_\_

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. PHYSICIAN 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.