

## 1 PLACE OF DEATH

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

25791

County *Mitchell*Vet. Pot. *-*Registration District No. *1088*

File No. ....

Inc. Town *Spartanburg*Primary Registration District No. *6899*Registered No. *37*

City ..... (No. .... St., .... Ward)

2 FULL NAME *Rachel Barnett*

[If death occurred in a hospital or institution, give its name, number of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *dark* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *widowed*16 DATE OF DEATH *November 26, 1924*  
(Month) (Day) (Year)6 DATE OF BIRTH *July 7, 1893*  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *11-2-*, 19*24*, to *11-26-*, 19*24*, that I last saw him alive on *11-24-*, 19*24*, and that death occurred on the date stated above at *9:30* p.m. The CAUSE OF DEATH\* was as follows:7 AGE *101* yrs. *5* mos. *19* ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work. *house keeper*  
(b) General nature of industry, business or establishment in which employed (or employer)*Influenza*  
(Duration) ... yrs. ... mos. *23* ds.9 BIRTHPLACE (State or country) *Ligon country Ky*Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.  
(Signed) *J. P. Harsanyi*, M. D.  
*11-30, 1924* (Address) *Spartanburg*

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country) *Louisiana*12 MAIDEN NAME OF MOTHER *Camberson*13 BIRTHPLACE OF MOTHER (State or country) *Louisiana*\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSE STATE (1) MEANS OF INJURY; add (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence .....14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Pearl B. Reed*  
(Address) *Spartanburg*19 PLACE OF BURIAL OR REMOVAL *Smiths Wakesh* DATE OF BURIAL *11-28, 1924*15 Filed *12-1, 1924* *J. Kimmel* REGISTRAR20 UNDERTAKER *J. Kimmel* ADDRESS *Wakesh*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. Ask other persons to assist 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.