MICHIGAN
DEPARTMENT OF STATE
LANSING
VITAL STATISTICS DIVISION

CERTIFICATE AND RECORD OF DEATH

[The Registrar should number each certificate received at once, in space beginning with "1" for each year.]

218

REGISTERED NO. 2

DEPT. OF STATE MAR 8 1905 MICH.

Place of death: County Barry; Township; Village Nashville; City

Location in City: Ward; No. ; St.

Full Name: Porter A Barnes

Date of Death: Feby 8 1905

Single, married, widowed or divorced: Widower

Sex: Male Color: White

If married, age at (first) marriage 29 years.

Parent of 5 children, of whom 3 are living.

	YEARS.	MONTHS.	DAYS.
Age	68	3	17

	YEAR OF BIRTH.	MONTH.	DAY.
Date of birth	1836	Oct.	22

Occupation: Farmer

NOTE—The occupation should be stated for all persons aged 10 years and over. Be precise and definite, and whenever necessary give the kind of industry, trade or employment, as well as the special occupation.

Birthplace (State or country): New York

Name of Father: Lansing Barnes — Birthplace of father (State or country): New York

Maiden name of mother: Maria Fuller — Birthplace of mother (State or country): New York

Date of burial or removal: Feby 10 1905 — Place of burial or removal: Nashville

Signature of undertaker: Chas. Lentz — Address of undertaker: "

Lady or house residence

How long an inmate or resident

Hospital, institution or transient

Certificate of Reporter.

The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.

(Signed) T C Barnes

(Address) Vermontville

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from Feby 27 1905 to Feby 7 1905 that I last saw him alive on Feby 7 1905, that he died on Feby 8 1905 about 3 o'clock, A M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

		DURATION OF EACH CAUSE.
DISEASE CAUSING DEATH *	Nephritis	10 days
Immediate cause of death *	Urinary Suppression	8 "
Contributory causes or complications, if any *	Prostatic Hypertrophy	2 years
Post-mortem		

(Place where DISEASE CAUSING DEATH was contracted, if other than place of death.)

*Physicians are requested to note the "Suggestions to Physicians Relative to Statement of Causes of Death" on the back of this certificate.

In Violent Deaths, a different form of statement is necessary, as follows:
(1) *Mode of injury* and whether *accidental, suicidal* or *homicidal;*
(2) *Nature of injury* (immediate cause of death);
(3) Contributory causes.

Witness my hand this 8 day of February 1905

Signature of physician, health officer or coroner: J. D. Baker M. D.

(Address) Nashville