

OFFICE of VITAL STATISTICS

CERTIFIED COPY

STATE OF FLORIDA BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH

File No.

1623

1 PLACE OF DEATH County Hillsboro

CERTIFICATE OF DEATH

Registered No. 103

Precinct or Inc. Town or City Tampa

Registration District No. 1401

Primary Registration Dist. No. 17511

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

2 FULL NAME Levi A. Barnes

15031

(a) Residence No. 407 - Constance St

Length of residence in city or town where death occurred 2 1/2 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, or Divorced

16 DATE OF DEATH (Month, day and year) Feb 13 1928

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

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... m.

6 DATE OF BIRTH April 14 1869

The CAUSE OF DEATH* was as follows:

7 AGE 53 IF LESS than 1 day... hrs. or... min.

Suicide by pistol shot wound on head (duration) yrs. mos. ds.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Mechanic (b) General nature of industry, business, or establishment in which employed (or employer) Ice Plant (c) Name of employer

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

9 BIRTHPLACE (city or town) (State or country) Mich

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

10 NAME OF FATHER John M. Barnes

Did an operation precede death? Date of

11 BIRTHPLACE OF FATHER (City or Town) (State or country) Mich

Was there an autopsy?

12 MAIDEN NAME OF MOTHER Louise Brundage

What test confirmed diagnosis?

13 BIRTHPLACE OF MOTHER (City or Town) (State or country) Ohio

(Signed) Joseph E. Williams Justice of the Peace

14 Informant (Address) Mrs. Mary A. Lyon

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.)

15 Filled 2-5-1928 Form V. S. No. 4 Registrar.

19 Place of Burial, Cremation, or Removal Date of Burial or Removal

20 UNDERTAKER ADDRESS J. J. Blount Co Tampa.

VOID IF ALTERED OR ERASED

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C. Meade G. J. J., State Registrar

Date Issued: NOV 03 2009

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



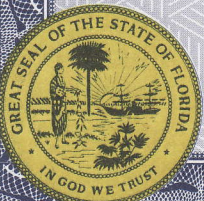
DH FORM 1946 (08-04)

25982799

CERTIFICATION OF VITAL RECORD



* 2 5 9 8 2 7 9 9 *



*** THIS AFFIDAVIT HAS BEEN MADE FOR GENEALOGICAL PURPOSES ONLY. IT HAS NOT BEEN FILED WITH THE BUREAU OF VITAL STATISTICS.



AFFIDAVIT TO AMEND A FLORIDA CERTIFICATE OF DEATH

(See instructions on reverse)	State of Florida Department of Health		
ENTER CORRECT INFORMATION CONCERNING DECEASED PERSON	NAME OF DECEASED Levi Alvin Barnes		STATE FILE NO. 1623
	DATE OF DEATH February 13, 1922	PLACE OF DEATH (COUNTY) Hillsborough	CITY, TOWN OR LOCATION Tampa
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	DEATH CERTIFICATE SHOWS	SHOULD BE
	5. Marital Status	Divorced	Married
	5a. Spouse's Name	-----	Mary Evelyn Caswell Barnes
	6. Date of Birth	April 14, 1869	April 14, 1872
	9. Birthplace	Mch.	Vermontville, Michigan
	10. Name of Father	John M. Barnes	Lansing Barnes
	11. Birthplace of Father	Mch.	New York
	12. Name of Mother	Louise Brundage	Alida (Electa) Jane Brundige
	13. Birthplace of Mother	Ohio	Michigan

AFFIDAVIT OF INFORMANT OR NEXT OF KIN	I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT		ADDRESS
	SIGNATURE <i>Robert T. Koehler</i>	331 Windwood Oaks Dr., #101, Tampa, Fla. 33613	
	STATE OF FLORIDA, COUNTY OF <u>Hillsborough</u>	Signature of Notary Public <i>J. A. Dunston</i>	SEAL
	SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME, THIS <u>7th</u> DAY OF <u>May</u> , 20 <u>10</u>	Print, Type, or Stamp Name of Notary Public <i>Jeanine A. Dunston</i>	
	BY <u>Robert T. Koehler</u>		
	Personally Known <input checked="" type="checkbox"/> OR Produced Identification _____		
	Type of ID Produced: _____		

