

County *Barry*  
 Township  
 Village *Nashville*  
 City  
 { Location }  
 in City

MICHIGAN  
 DEPARTMENT OF STATE  
 LANSING  
 VITAL STATISTICS DIVISION



The Registrar should number each certificate received of ones, in space beginning with "1" for each year.  
 218  
 REGISTERED NO. 2

CERTIFICATE AND RECORD OF DEATH

Full Name *Porter A Barnes*

Date of Death *Feb 8* 1905

Single, married, widowed or divorced *Widower*

Sex *Male* Color *White*

If married, age at first marriage *29* years  
 Parent of *5* child-*en*, of whom *3* are living

YEAR.	MONTH.	DAY.
<i>68</i>	<i>3</i>	<i>17</i>
YEAR OF BIRTH.	MONTH.	DAY.
<i>1836</i>	<i>Oct.</i>	<i>22</i>

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.

Name of Father *Lansing Barnes*  
 Maiden name of mother *Maria Fuller*

Birthplace of father (State or country) *New York*  
 Birthplace of mother (State or country) *New York*

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

Date of burial or removal *Feb 10* 1905  
 Signature of undertaker *Chas. Lentz*

Place of burial or removal *Nashville*  
 Address of undertaker *"*

(Signed) *J. C. Barne*  
 (Address) *Vernonville*

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from *Feb 27* 1905 to *Feb 7* 1905 that I last saw him alive on *Feb 7* 1905, that he died on *Feb 7* 1905 about *9* o'clock, *A* M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

DISEASE CAUSING DEATH \* *Nephritis* 10 days  
 Immediate cause of death \* *Urinary Suppression* 8 " "  
 Contributory cause or complications, if any \* *Prostatic Hypertrophy* 2 years

Post-mortem  
 \*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*

Place of birth  
 Date of birth  
 Date of death  
 Date of burial  
 Signature of undertaker  
 Hospital, institute, home or treatment