

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH

FILE NO.

68-032700

DIVISION OF VITAL STATISTICS

LEGAL PROPERLY ED.

PERMANENT INK.

DECEASED

RESIDENCE DECEASED IF DEATH OCCURRED IN TOWN, GIVE CITY AND COUNTY.

FATHER AND MOTHER

CAUSE

MEDICAL IS COMPLETE CERTIFICATE HOURS. RE CAN.

CERTIFIER

NOTED BY

FOR TO F BODY

BURIAL

BIRTH NO. DECEASED - NAME		1. TYRUS TURNER BARBER		DATE OF DEATH - MONTH, DAY, YEAR		2. 10/20/1968	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY)		3. WHITE MALE		AGE AT DEATH		4. 75	
COUNTY OF DEATH		7a. GIBSON MILAN		HOSPITAL OR OTHER INSTITUTION - NAME		7b. MILAN HOSPITAL	
STATE OF BIRTH		8. TENNESSEE USA		MARRIAGE STATUS		9. MARRIED	
SOCIAL SECURITY NUMBER		12. 409-74-0010		OCCUPATION		13. PROFESSIONAL BASEBALL PLAYER	
RESIDENCE - STATE		14a. TENNESSEE		STREET AND NUMBER		14b. 229 CULPEPPER ST	
FATHER - NAME		15. ROBERT BARBER		MOTHER - NAME		16. SALLY PEELER	
DEATH WAS CAUSED BY		18. (a) Myocardial infarction		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		5 min.	
CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE (BE STATE THE UNDERLYING CAUSE LAST)		(b) 4109					
PART II. OTHER'S GIVE CAN'T CONDITIONS		20a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)		20b. DATE OF OCCURRENCE		20c. TIME OF OCCURRENCE	
INJURY AT WORK (SPECIFY YES OR NO)		20d. PLACE OF INJURY (FARM, STREET, FACTORY, etc.)		20e. CITY OR TOWN, STATE		20f. COUNTY	
PHYSICIAN - CERTIFICATION		21a. I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE(S) STATED.		21b. DATE SIGNED - MONTH, DAY, YEAR		21c. SIGNATURE	
MEDICAL EXAMINER - CERTIFICATION		22a. ON THE BASIS OF THE EXAMINATION OF THE BODY AND THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		22b. DATE SIGNED - MONTH, DAY, YEAR		22c. SIGNATURE	
CERTIFIER - NAME (TYPE AND PRINT)		23a. DR. J. H. WILLIAMS		MAILING ADDRESS (STREET OR R.F.D. NO.)		23b. HOSPITAL DRIVE MILAN, TENN. 38358	
BURIAL (CREMATION REMOVAL)		24a. BURIAL		DATE - MONTH, DAY, YEAR		24b. 10/22/68	
FURNERAL HOME - NAME AND ADDRESS		25. FIELDS FUNERAL HOME MILAN, TENN.		CEMETERY OR CREMATORY - NAME		24c. OAKWOOD	
REGISTRAR - SIGNATURE		26a. [Signature]		CITY OR TOWN		STATE	
DATE RECEIVED BY LOCAL REGISTRAR		26b. 11-25-68					