

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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.

MISSISSIPPI STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Bureau of Vital Statistics

1 PLACE OF DEATH
 County Copiah State Miss Registration District No. 8028 File No. 1907
 Village _____ Vol. Pct. 2800 Primary Registration Dist. No. _____ Reg. No. _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ben L Austin
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) married

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

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 57 Months _____ Days _____ If LESS than 1 mos. hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Father

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Miss

9 BIRTHPLACE (city or town) _____ (State or Country) _____

PARENTS

10 NAME OF FATHER Robt Austin

11 BIRTHPLACE OF FATHER (city or town) _____ (State or Country) Miss

12 MAIDEN NAME OF MOTHER Fannie Sims

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or Country) Miss

14 Informant Charlie Davis
 (Address) _____

15 Filed C. D. Norton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day, and year) Feb 1 1921

17 I HEREBY CERTIFY, That I attended the deceased from _____, 191____, to _____, 191____, that I last saw him alive on _____, 191____, and that death occurred on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

General paralysis
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) O. H. DeBerry M. D.

_____, 19____ (Address) Waglesburg

*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.)

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

Funerary Cemetery 2-2 1921

20 UNDERTAKER Waglesburg ADDRESS _____

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Dr. McFee.

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH State File No. 362

MISSISSIPPI STATE BOARD OF HEALTH

1. PLACE OF DEATH
County Copiah Registered No. _____
Voting Precinct Berks or Village _____
or City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred? _____ yrs. _____ mos. _____ da. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Lucy Austin (Write or Print Name Plainly)
(a) Residence: No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F.</u>	4. COLOR OR RACE <u>Col.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			21. DATE OF DEATH (month, day and year) <u>1-6-36.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>1-6-36</u> to <u>1-6-36</u> 19 <u>36</u> I last saw <u>her</u> alive on <u>1-6-36</u> 19 <u>36</u> Death is said to have occurred on the date stated above, at _____ m.		
6. DATE OF BIRTH (month, day, and year)				The principal cause of death and related causes of importance in order of onset were as follows: <u>Cerebral hemorrhage</u> Date of onset <u>1-6-36</u>		
7. AGE <u>71.</u>	Years <u>71.</u>	Months <u>—</u>	Days <u>—</u>	If LESS than 1 day, _____ hrs. or _____ min.	Contributory causes of importance not related to principal cause: <u>1-8-22</u>	
8. Trade, profession, or particular kind of work done, as splinter, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>1-2-36.</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		12. BIRTHPLACE (city or town) (State or country) <u>Charlottesville, Virginia</u>				
10. Date deceased last worked at this occupation (month and year)		13. NAME <u>Charlottesville, Virginia</u>				
14. BIRTHPLACE (city or town) (State or country) <u>U.S.</u>		15. MAIDEN NAME <u>Mariak Lee</u>				
16. BIRTHPLACE (city or town) (State or country) <u>U.S.</u>		17. INFORMANT (and Address) <u>Fannie Austin, Mrs. Hazlehurst, Miss.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hunter</u> Date <u>1-7-36.</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____				
19. UNDERTAKER (and Address) <u>Enterprise Burial Assn. Hazlehurst, Miss.</u>		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____				
20. FILED <u>1-8-36</u> 19 <u>36</u> <u>Mrs. J. F. Scarborough</u> Registrar <u>Hazlehurst, Miss.</u>		(Signed) <u>[Signature]</u> M. D. (Address) <u>[Signature]</u>				