

1. PLACE OF DEATH

MISSISSIPPI STATE BOARD OF HEALTH

County Winds

Registered No.

Voting Precinct

or Village

or City JacksboroNo. Baptist

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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(Write or Print Name Plainly)

(a) Residence: No. HamelhurstSt. Winds

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

Wears

5. Single, Married, Widowed, or Divorced (write the word)

Widower

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

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

7. AGE

44

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

7/25

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

Albert Christmas

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Paula Irene Marshall

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (and Address)

Julius Christmas

18. BURIAL, CREMATION, OR REMOVAL Place Date

White Oak 6-15-36

19. UNDERTAKER (and Address)

Copied Co. Peoples Land Co

20. FILED

6/15/36 1936 Mea m Jones Registrar

21. DATE OF DEATH (month, day and year)

6-13-36

22. I HEREBY CERTIFY, That I attended deceased from

19 3-11 to 6-13 19 36
I last saw him alive on 6-12 19 36 Death said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

curious of liver

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation (if any was done)

3 phlebotomy

Date of

What test confirmed diagnosis?

Sputum cultured

Was there an autopsy?

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

J. H. Shaver M. D.
J. H. Shaver
mea

MARGIN RESERVED FOR BINDING

FORM V. S. No. 4-6

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.