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MISSISSIPPI STATE BOARD OF HEALTH

Bureau of Vital Statistics — CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Copiah State Miss. Registration District No. 205 File No.

Village Crystal Springs Dist. Pct. or Primary Registration Dist. No. 8017 Reg. No.

City No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street number.)

2 FULL NAME Cora Hartley

(a) Residence (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and state.) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Female	Colored	Single

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

6 DATE OF BIRTH (month, day and year)

7 AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs... or ...min.
	75			

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

9 BIRTHPLACE (city or town) (State or country) Brookhaven Lincoln

PARENTS

10 NAME OF FATHER Sam Hartley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lincoln

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lincoln

14 Informant Sam Hartley Jr.

(Address) Crystal Springs Miss

15 Filed 4/27, 1927 J.M. Dawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 4/26 1927

17. I HEREBY CERTIFY, That I attended the deceased from Jan 5, 1927, to April 26 1927 that I last saw h.. alive on April 26 1927 and that death occurred on the date stated above, at ...m. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis. Smith

(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 C.F. Smith M.D.

4/27/27 (Address) Crystal Spgs

*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.

19 Place of Burial, Cremation or Removal	Date of Burial
Wood's Chapel St Cem	4/27 1927
20 UNDERTAKER	ADDRESS
J.J. Biggs & Son	C Spgs

FORM V. S. No. 4

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.

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MISSISSIPPI STATE BOARD OF HEALTH

Bureau of Vital Statistics — CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Copiah State Miss Registration District No. 708 File No. 7

Village ..... Vot. Pct. ..... or Primary Registration Dist. No. 8017 Reg. No. .....

City ..... No. ..... St. ..... Ward

(If death occurred in a hospital or institution, give its NAME instead of street number.)

2 FULL NAME Jewel Hartley

(a) Residence (Usual place of abode) .....

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.

(If non-resident give city or town and state.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
male	Colored	Single

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

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

7 AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
15			

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

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

(c) Name of employer .....

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

PARENTS

10 NAME OF FATHER John Hartley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Miss

12 MAIDEN NAME OF MOTHER Sara Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Miss

14 Informant Ellis Hartley

(Address) Crystal Springs, Miss

15 Filed 5-10, 1927 J.M. Duncan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 4/6 1927

17. I HEREBY CERTIFY, That I attended the deceased from March 1, 1927, to April 6, 1927, that I last saw him alive on March 28, 1927, and that death occurred on the date stated above, at ..... m. The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(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 G.F. Smith M. D.

4/7/27 (Address) Crystal Springs Miss

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accident, Suicidal, or Homicidal.

19 Place of Burial, Cremation or Removal	Date of Burial
Wh'd Knight Cem	4/7 1927
20 UNDERTAKER J.J. Clegg & Son	ADDRESS C Springs

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.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 4