

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

1. PLACE OF DEATH MISSISSIPPI STATE BOARD OF HEALTH
 County Copiah Registered No. _____
 Voting Precinct _____ 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. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Lulla Marie 120 (Write or Print Name Plainly)
 (a) Residence: No. DAVIS St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of C. J. Davis

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

7. AGE Years 61 Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

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

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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Jim Farley

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

15. MAIDEN NAME Fannie Grant

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

17. INFORMANT M. H. Davis (and Address) Hazelhurst Miss

18. BURIAL, CREMATION, OR REMOVAL Place Sumner Date Sept 8, 1937

19. UNDERTAKER Opolis Funeral Home (and Address) Jackson Miss

20. FILED 9/2/37 19 Mrs J. S. Scarborough

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/3/37

22. I HEREBY CERTIFY, That I attended deceased from Sept 1936 to 9/3/37 1937
 I last saw her alive on 6/1/37 1937. Death is said to have occurred on the date stated above, at 5 a. m.
 The principal cause of death and related causes of importance in order of onset are as follows: Arteriosclerosis of uterus Date of onset about 24 years ago

Contributory causes of importance not related to principal cause _____

Name of operation (if any was done) _____ Date of _____

What test confirmed diagnosis? _____ 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) J. J. Gerberaugh M. D.
 (Address) Hazelhurst Miss

FORM V. S. No. 4-3
 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.