Form V. S.

	BOARD OF HEALTH CERTIFICATE OF DEATH					
1 PLACE OF DEATH Bureau of Vita	V ( ) 9 170a					
County State State	Registration District No. O File No. OF					
Village W. V for Vot. Pet. Vot. Pet.	Primary Registration Dist. No. Reg. No.					
CityNo.,	St.,Ward					
(If death occurred in a hospital or institution, give its NAME instead of street and number)						
2 FULL NAME Sidney Danis						
(a) Residence. No. St.,	Ward.					
(Usual place of abode)  Length of residence in city or town where death occurred yrs. in	(If nonresident give city or town and State) nos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH					
3 SEX   1 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)	16 DATE OF DEATH (Month, day, and year) SA / 19/9					
time cal married						
5a If married, widowed, or diverced	17. I HEREBY CERTIFY, That I attended the deceased					
HUSBAND of (or) WIFE of	from 1917, to 191,					
monued.	that I last saw h alive on dece, 191,					
6 DATE OF BIRTH (month, day, and year)	and that death occurred on the date stated above, atm.					
7 AGE Years Months Days If LESS than	The CAUSE OF DEATH* was as follows:					
68   1 day,hrs.	Pick Metho					
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Afficial Work						
(b) General nature of Industry, business, or establishment in which employed (or employer)	CONTRIBUTORY (Secondary)					
(c) Name of employer	(duration)yrsmosds,					
9 BIRTHPLACE (city or town)	18 Where was disease contracted					
(State or Country)	if not at place of death?					
10 NAME OF FATHER (Endrew Winster	Did an operation precede death?Date of					
H BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?					
(State or Country)	What test confirmed diagnosis?					
12 MAIDEN NAME OF MOTHER Chir Stath	(Signed) (Signed) (M. D.					
(State or Country)	1/6. 19.9 (Address) 12 12 15 15 15 15					
11 / 8	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Menus and Nature of Injury, and (2) whether Ac-					
Informant Management	cidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
(Address), l'aspender mes	19 Place of Burial, Cremation or Eemoval   Date of Burial					
15	Huelo Ce 9/1 H/9					
Filed	Meuseown Thers					

17885

1. PLACE OF DEATH County A. Ward County Voting Precinct  (If death occurred in a hospital or institution, give its NAME instead of sires and number)  Length of residence in city to town from the county of the cou	BUREAU OF VITAL STATISTICS ST	ANDARD CERTI	FICATE OF	DEATH State File No. 3	797
Voting Precinct  Voting Precinct  No	1. PLACE OF DEATH	MISSISSIPPI STATE	BOARD OF HE	ALTH	
Voting Precinet  Or City	County Carra	h	<b>计算设施的</b>	Registered No.	
or City	Voting Precinct Rule				
Length of residence in cityer towns/here dought occurred?		种的种类的 医克里氏试验检尿道	<b>分於其他是一個大學的自然之</b>		
2. FULL NAME (Usual place of abode)  (II nonresident give city or town and State)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE; S. Single, Married, Wideved, or Diverced (write the word)  Sa. II married, vidowed, or divorced HUSBAND of (or) WiFe of Helesa (or) mine of the state of a series of the state of a series of the series of t	(If death occurred i	n a hospital or institution, g	ive its NAME instea	d of street and number)	
(a) Residence: No.  (Usual place of abode)  (If nonresident give city or town and State)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE [5. Single, Married, Widewed, or Divorced Uritis the world of HUSBAND of (or) WiFe of (or) WiFe of Husband of (or) WiFe of (or) Wi		e death occurred?yrs	mosds. How long	in U. S. if of foreign birth?yrs	mosds.
(a) Residence: No.  (Usual place of abode)  (If nonresident give city or town and State)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE [5. Single, Married, Widewed, or Divorced Uritis the world of HUSBAND of (or) WiFe of (or) WiFe of Husband of (or) WiFe of (or) Wi	2. FULL NAME D. D.	raus	120	(Write or Print Name Plain	ly)
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. Single, Married, Widoved, or Divorced (write the word)  5a. If married, widoved, or divorced (write the word)  6. Limited widoved, or divorced (write the word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  It LESS than or particular kind of work done, as spinant or or will be a saver, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, sear in this occupation (wonth and year)  12. BIRTHPLACE (city or town)  (State or country)  Manner of injury  Where did injury occurred in industry, in home, or in public place (and Address)  13. MAIDEN NAME  14. BIRTHPLACE (city or town)  (State or country)  Manner of injury  Where did injury occurred in industry, in home, or in public place (and Address)  MEDICAL CERTIFICATE OF DEATH  22. IDATE OF DEATH (month, day and year)  19. MAID AND AND AND AND AND AND AND AND AND AN	(a) Residence: No			Ward.	
S. SEX  4. COLOR OR RACE S. Single, Married, Widowed, or Diverced (write the word)  Sa. If married, widowed, or divorced (write the word)  Sa. If married, widowed, or divorced (write the word)  Sa. If married, widowed, or divorced (write the word)  So. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days II LESS than I day, hrs. or min.  8. Trade, profession, or particular, and of word was any position of the date stated above, at.  S. Industry or business in which work was done, as silk mill, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, sawyer, bookkeeper, etc.  10. Date deceased hat worked at pentile in this occupation.  12. BIRTHPLACE (city or town)  13. MAIDEN NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. REPORMANT  18. BIRTHPLACE (city or town)  19. Where did injury occurr?  19. Where did injury occurr?  19. Where did injury occurred in industry, in home, or in public place (said Address)  19. UNDERTAKER CHEMINA SULPAL  19. Was disease or injury in any way related to occupation of deceased?  11. SILVAL  12. UNDERTAKER CHEMINA SULPAL  13. Was disease or injury in any way related to occupation of deceased?  11. O'C. A. Silval  12. DATE OF BIRTH (month, day and year)  13. Maile on the date stated above, at.  19. Where did injury occurr?  19. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER CHEMINA SULPAL  19. Silval  20. Silval  21. Occurring the date stated above, at.  22. Date of injury  23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?  19. Silval  19. Silval			MEDIC		
Diverced (write the word)  The process of the process of the principal cause of death and related deceased from the principal cause of death and related causes of importance in order of coast were as follows:  The principal cause of death and related causes of importance in order of coast were as follows:  The principal cause of death and related causes of importance in order of coast were as follows:  The principal cause of death and related causes of importance in order of coast were as follows:  The principal cause of death and related causes of importance in order of coast were as follows:  The principal cause of death and related causes of importance in order of coast were as follows:  The principal cause of death and related causes of importance in order of coast were as follows:  Contributory causes of importance not related to principal causes:  State of country or business in which seven were deat this occupation (month and spent in this occup		。 1000年1月1日 - 1000年1月1日 - 1		The Control of the Co	
5a. If married, widowed, or diverged HUSBAND of Copy Wife of Vallar Date of Copy Wife of		Divorced (write the word)			
HUSBAND of Co. DATE of BRITH (month, day, and year)  7. AGE  Sears Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular or min.  9. Trade, profession, or particular or min.  10. Date of conset were as follows:  10. Date of conset were as follows:  11. Total time (years) seaw mill, bank, etc.  12. BIRTHPLACE (city or town) (State or country)  13. NAME (Lange of Contributory causes of importance not related to principal cause)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME (Lity or town) (State or country)  16. BIRTHPLACE (city or town)  17. REPORMANT (Lymph Date)  18. BURIAL, CREMATION, OR REMOVAL (1987)  19. UNDERTAKER (Lity Cause)  10. Date of injury in any way related to occupation of deceased?  11. Signed)  12. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER (Lity Cause)  10. Lit co. (Specify City Cause)  11. Contributory causes of importance not related to principal cause:  19. Undertaker (Lity Cause)  19. UNDERTAKER (Lity Cau	male col	Marind	22. HEREBY CER		
to have occurred on the date stated above, at	Sa. If married, widowed, or divorced	X - '	I lost saw how to	ive on 20104/21931	Doath is said
7. AGE  Years  Months  Days  If LESS than 1 day hrs. or min.  3. Trade, profession, or particular, kind of work done, as spinned, as spinned, as spinned, as spinned, as sawyer, bookkeeper, etc.  Solutity or business in which saw mill, bank, etc.  10. Date deceased hat worked at this occupation (month and year)  (State or country)  Max  12. BIRTHPLACE (city or town)  (State or country)  Max there an autopsy?  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Max there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. BIRTHPLACE (city or town)  18. BIRTHPLACE (city or town)  19. Where did injury occur?  Specify whether injury occur?  (State or country, in home, or in public place  17. BIRTHPLACE (city or town)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Place  Specify  Manner of injury  Nature of injury in any way related to occupation of deceased?  19. UNDERTAKER CREMATION, OR REMOVAL  Place  Specify  Specify  (Signed)  (Signed)  (Signed)  (Signed)	(or) WIFE of / eller	Dans	to have occurred on	the date stated above, at	<u>4</u>
7. AGE  3. Trade, profession, or particular, kind of work done, as spinned or min.  3. Trade, profession, or particular, kind of work done, as spinned or min.  4. Double deceased last worked at this occupation (if any was done, as silk mill, saw mill, bank, etc.  5. Double deceased last worked at this occupation (if any was done)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. ENFORMANT  18. BIRTHPLACE (city or town)  19. Where did injury occurred in industry, in home, or in public place  19. Industry or business in which causes (Signed)  19. UNDERTAKER Conference of importance not related to principal causes:  10. Contributory causes of importance not related to principal causes:  10. Contributory causes of importance not related to principal causes:  10. Date deceased last worked at this occupation (if any was done)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. ENFORMANT  18. BURIAL, CREMATION, OF REMOVAL  19. UNDERTAKER Conference of importance not related to principal causes:  18. BURIAL, CREMATION, OF REMOVAL  19. UNDERTAKER Conference as silk mill, causes of importance not related to principal causes:  19. Where did injury occurred in industry, in home, or in public place injury  19. Where did injury occurred in industry, in home, or in public place injury  19. UNDERTAKER Conference of injury in any way related to occupation of deceased?  19. UNDERTAKER Conference of injury in any way related to occupation of deceased?  19. UNDERTAKER Conference of injury in any way related to occupation of deceased?  19. UNDERTAKER Conference of injury in any way related to occupation of deceased?					
8. Trade, profession, or particular kind of work done, as spinner, as opinner, as appinner, as a spinner, as a spi		AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR	Cancer	of Prostale	
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 (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. RNFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER CREMATION of the country of	8 Trade profession or particular	ormin.			
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 (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. RNFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER CREMATION of the country of	Z kind of work done, as spinner,	armer		of importance not related to principal	
this occupation (month and spent in this occupation.  Name of operation (if any was done)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  Place  19. UNDERTAKER  Place  (State or country)  Name of operation (if any was done)  What test confirmed diagnosis?  What test confirmed diagnosis?  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.  Where did injury occur?  (Specify city or town, country, and State)  Specify whether injury occurred in industry, in home, or in public place  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Signed)  (Signed)  (Signed)  (Signed)	9. Industry or business in which		csuse:		1-01
this occupation (month and spent in this occupation.  Name of operation (if any was done)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  Place  19. UNDERTAKER  Place  (State or country)  Name of operation (if any was done)  What test confirmed diagnosis?  What test confirmed diagnosis?  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.  Where did injury occur?  (Specify city or town, country, and State)  Specify whether injury occurred in industry, in home, or in public place  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Signed)  (Signed)  (Signed)  (Signed)	saw mill, bank, etc				
Date of State or country)    13. NAME	this occupation (month and	spent in this			
(State or country)  What test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Where did injury occur?  (Specify city or town, country, and State)  Specify whether injury occurred in industry, in home, or in public place  To ENFORMANT  (and Address)  Place  Was there an autopsy?  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  (Specify city or town, country, and State)  Specify whether injury occurred in industry, in home, or in public place  Manner of injury  Nature of injury  Nature of injury  Nature of injury  (Signed)  (Signed)  (Signed)		occupation	Name of operation (		
14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OF REMOVAL  Place  Place  19. 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  (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  Nature of injury  18. BURIAL, CREMATION, OF REMOVAL  Place  Place  Place  (Signed)  (Signed)  (Signed)  (Signed)	(State or country)	Misis	What test confirmed		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. ENFORMANT  (and Address)  18. BURIAL, CREMATION, OF REMOVAL  Place  19. UNDERTAKER  (Signed)  (Signed)  19. UNDERTAKER  (Signed)  19. UNDERTAKER  (Signed)  (Signed)  19. Undertaker  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)	13. NAMERY THE DO	usis	NOTE THE PARTY OF		7
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. ENFORMANT  (and Address)  18. BURIAL, CREMATION, OF REMOVAL  Place  19. UNDERTAKER  (Signed)  (Signed)  19. UNDERTAKER  (Signed)  19. UNDERTAKER  (Signed)  (Signed)  19. Undertaker  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)	14. BIRTHPLACE (city or town)	In ,	19400 PARTIE PAR		
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  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER Enfuring Burial and  (Signed)  (Signed)  (Signed)  (Signed)		This			
(State or country)  Specify whether injury occurred in industry, in home, or in public place  Manner of injury  Nature of injury  Nature of injury in any way related to occupation of deceased?  19. UNDERTAKER Enfury 24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)	I W LEVU M	Musion		eur?	
17. ENFORMANT Charles Date  Manner of injury  Nature of injury  Nature of injury in any way related to occupation of deceased?  Place Franch Date Sth. 192  19. UNDERTAKER Enforces David and  (Signed)  (Signed)  (Signed)		mis	Specify whether inju-	(Specify city or town, county, and ry occurred in industry, in home, or	State) in public place
(and Address) How leaves to injury  18. BURIAL, CREMATION, OR REMOVAL Place High Date 18th 1939  24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER Enfurice Burief ass  (Signed) (Signed)	Constant	airis			
18. BURIAL, CREMATION, OF REMOVAL  Place Francis Date 15th 1935  19. UNDERTAKER Englishers Duried and (Signed) (Signed) (Signed)		west	THE RESIDENCE OF THE PARTY OF T	STATE OF THE PARTY	
Place Hundy Date 311 . 1921  19. UNDERTAKER Enfuring and (Signed) (Signed) (Signed)	18. BURIAL, CREMATION, OF REMOVA	L of a			on of deceased?
19. UNDERTAKER CHELIPULS & SULLEY (Signed) (Signed)		CONTROL OF THE PROPERTY OF THE	The second secon	The state of the s	
20. FILED , 19HUrs & E registro. (Address) + 2 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ASSESSED BOOK OF THE SECOND PROPERTY.		5/1/3/18	20031
20. FILED , 19 HUS C . Registrar.	(and Address)	sen, Mass	(Signed)		~317
Le dio la constante de la cons	20. FILED , 19)(/5	AC C Registrer.	(Audre		
Most		" Tede	nous	AT A SALE OF THE PARTY OF THE PARTY.	