

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

17885

1 PLACE OF DEATH Bureau of Vital Statistics  
 County Capitash State Miss Registration District No. 8318 File No. 17885  
 Village mt Hope Vol. Pct. Perf or 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 Sidney Davis  
 (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 1 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)  
Female Cal married

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

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

7 AGE Years Months Days If LESS than 1 day, hrs. or min.  
68

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Home 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) Capitash Co  
Miss

10 NAME OF FATHER Andrew Minster  
 11 BIRTHPLACE OF FATHER (city or town) (State or Country) Miss  
 12 MAIDEN NAME OF MOTHER Pectus Smith  
 13 BIRTHPLACE OF MOTHER (city or town) (State or Country) Ala

14 Informant Sy Davis  
 (Address) Carpenter Miss

15 Filed. 19. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day, and year) Sept 6 1919

17. I HEREBY CERTIFY, That I attended the deceased from Jan 1, 1919, to Sept 6, 1919, that I last saw him alive on Aug 1, 1919, and that death occurred on the date stated above, at 11 m. The CAUSE OF DEATH\* was as follows:

Septic Nephritis  
 (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) E. H. E. B. M. D.  
7/6 1919 (Address) Capitash

\*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  
Hunter Cap 9/7 1919  
 20 UNDERTAKER ADDRESS  
McLennanworth



## MISSISSIPPI STATE BOARD OF HEALTH

Bureau of Vital Statistics

08164 8164

CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County Copiah State MississippiRegistration District No. 8328

File No. \_\_\_\_\_

Village Perkins

Vot. Pct. \_\_\_\_\_ or \_\_\_\_\_

Primary Registration Dist. No. \_\_\_\_\_

Reg. No. \_\_\_\_\_

City Boyle first No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

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

## 2 FULL NAME

Symon Davis

(a) Residence. No. \_\_\_\_\_

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(Usual place of abode)

(If non-resident give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS.

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

3a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

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

7 AGE YEARS 74 Months \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, ...hrs. or ...min. \_\_\_\_\_

8 OCCUPATION OF DECEASED

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

(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) Texas10 NAME OF FATHER Charles

11 BIRTHPLACE OF FATH'R (city or town) (State or Country) \_\_\_\_\_

12 MAIDEN NAME OF MOTHER Mary Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or Country) \_\_\_\_\_

14

Informant S. B. Davis

(Address) \_\_\_\_\_

15

Filed 02/2319 23

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH (Month, day and year) May 19 192317. I HEREBY CERTIFY, That I attended the deceased from May 1, 1923 to May 9, 1923that I last saw him alive on May 15, 1923and that death occurred on the date stated above, at 0 m. The CAUSE OF DEATH\* was as follows:Chronic Interstitial

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (Secondary) \_\_\_\_\_

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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? E. H. DeBorjaSigned 5/20 \_\_\_\_\_ M. D.19 23 (address) \_\_\_\_\_

\*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 Buried

Date of Burial \_\_\_\_\_

20 UNDERTAKER The Standard

ADDRESS \_\_\_\_\_

19

MARGIN RESERVED FOR BINDING.

Form V. S. No. 1

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.



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BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

State File No.

3797

## 1. PLACE OF DEATH

MISSISSIPPI STATE BOARD OF HEALTH

County

Copiah

Registered No.

Voting Precinct

Buck

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

S. B. Davis

(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

Male

## 4. COLOR OR RACE

Col

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

Married

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

Helen Davis

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

## 7. AGE

Years 58

Months 1

Days 1

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)

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

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

Miss

## 13. NAME

Lynne Davis

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

Miss

## 15. MAIDEN NAME

Lynne Winston

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

Miss

## 17. INFORMANT (and Address)

Charlie Davis Hazelhurst

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Hunters

Date

15th

1935

## 19. UNDERTAKER (and Address)

Enterprise Burial and Jackson, Miss

## 20. FILED

1935 Mrs. E. E. Hutchins

Registrar

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

March 14, 1935

## 22. I HEREBY CERTIFY, That I attended deceased from

July 1934 to March 14, 1935. I last saw him alive on March 12, 1935. Death is said to have occurred on the date stated above, at 8 a.m.

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

Cancer of Prostate

Date of onset

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?

If so, specify

(Signed)

H. E. Hutchins M. D.  
(Address) Hazelhurst