

N. B. WRITE PLAINLY, WITHOUT 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

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH Franklin Miss Bureau of Vital Statistics  
 County Franklin State Miss Registration District No. 2870 File No. 17753  
 Village Bude Vol. Pct. \_\_\_\_\_ or Primary Registration Dist. No. \_\_\_\_\_ Reg. No. \_\_\_\_\_  
 City Bude No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louise Guiser  
 (a) Residence No. Bude St. Miss Ward, \_\_\_\_\_  
 (Usual place of abode) (If non-resident give city or town and state.)  
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE B 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed  
 5a If married, widowed, or divorced Husband of Tobias  
 6 DATE OF BIRTH (month, day and year) 77 about  
 7 AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House Work  
 (b) General nature of industry, business, or establishment in which employed (or employer) Duties  
 (c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) Franklin  
 (State or country) Co

10 NAME OF FATHER Dont Know  
 11 BIRTHPLACE OF FATHER (city or town) Dont Know  
 (State or country) Dont Know  
 12 MAIDEN NAME OF MOTHER Dont Know  
 13 BIRTHPLACE OF MOTHER (city or town) Dont Know  
 (State or country) Dont Know

14 Informant Burrell Jackson  
 (Address) Brookhaven Miss

15 Filed Oct 8 1926 W. T. Jangle  
 REGISTER

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 9/29/26

17. I HEREBY CERTIFY, That I attended the deceased from Jan, 1926, to Sept, 1926, that I last saw her alive on 9/5/26, 1926

and that death occurred on the date stated above, at 238 m.  
 The CAUSE OF DEATH\* was as follows:

Enteric - Scleroma  
(with Complications)

CONTRIBUTORY (duration) 1 yrs. mos. ds.  
 (Secondary) (duration) 1 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 J. C. Williams M. D.  
Sept 29 1926 (Address) Bude, 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. (See reverse side for additional space.)

19 Place of Burial, Cremation or Removal Edgewood Date of Burial 9/30/26  
 20 UNDERTAKER Frank N. Hartman ADDRESS 13 Haver