

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

Bureau of Vital Statistics

27059

27059

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Leban State Mn Registration District No. 491 File No.
 Village Shady Vot. Pct. or Primary Registration Dist. No. 2366 Reg. No. 164
 City Shady No. St. Ward
 (If death occurred in a hospital or institution give its NAME instead of street number.)

2 FULL NAME Henry Howard
 (Print full name with pen or typewriter.)

(a) Residence (Usual place of abode) Mich 7th
 (If non-resident give city or town and state.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE Bel 5 SINGLE, MARRIED, WIDOWED
 or DIVORCED (write the word) Married

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

6 DATE OF BIRTH (month, day and year)

7 AGE { YEARS MONTHS DAYS IF LESS than
50 1 day, hrs.
 or min.

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)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or Country)

12 MAIDEN NAME OF MOTHER

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

14

Informant

(Address)

15

Filed

Dec 21, 1929

MRS. J. H. Johnson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 12/21/29

17. I HEREBY CERTIFY, That I attended the deceased
 from 12-15, 1929, to 12-15, 1929,
 that I last saw him alive on 12-15, 1929,
 and that death occurred on the date stated above, at m.
 The CAUSE OF DEATH* was as follows:

Tertiary Syphilis
 (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? No date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical Exam.Signed J. R. Markette M. D.(Address) Brookhaven

*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

Rosehill Cemetery 12/28/29
 20 UNDERTAKER Frank H. Hinton ADDRESS Shady