

MARGIN RESERVED FOR BINDING

WRITE IN UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. AGE should be stated EXACTLY. Exact statement of DEATH should be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

1 PLACE OF DEATH				STATE OF MISSISSIPPI 18-16894			
County <u>Jeff Davis</u>				STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH			
Vot. Pct. <u>Peppers</u>				Registration District No. <u>5634</u>		File No. <u>31</u>	
Inc. Town } or Village } or				Primary Registration District No. _____		Registered No. <u>16894</u>	
City _____ (No. _____, St., _____ Ward)				If death occurred in a hospital or institution give its NAME instead of street and number.			
2 FULL NAME <u>Asa M. Pale</u>							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX <u>Male</u>	4 COLOR or RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed</u> (Write the word).		16 DATE OF DEATH <u>Dec 28</u> , 191 <u>7</u> Month Day Year			
6 DATE OF BIRTH Month Day Year				17 I HEREBY CERTIFY, That I attended the deceased from _____, 191____, to _____, 191____, that I last saw him alive on _____, 191____, and that death occurred on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <div style="text-align: center;">X</div>			
7 AGE <u>85</u> yrs. mos. ds. If LESS than 1 day, ____ hrs. or ____ min?							
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>farmer</u> (b) General nature of industry, business, or establishment in which employed, (or employer).				Contributory _____ SECONDARY _____ Duration _____ yrs. mos. ds.			
9 BIRTHPLACE (State or Country) <u>Jeff Davis</u>				Signed _____, M. D. _____, 191____ Address _____			
10 NAME OF FATHER	11 BIRTHPLACE OF FATHER (State or Country)			* State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.			
	12 MAIDEN NAME OF MOTHER			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At Place of death _____ yrs. mos. ds. In the State _____ yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence _____			
	13 BIRTHPLACE OF MOTHER (State or Country)			19 PLACE OF BURIAL OR REMOVAL <u>near Harrison Church</u> DATE OF BURIAL <u>Nov 31, 1917</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. R. R. Pale</u> (Address) <u>Wilson Church</u>				20 UNDERTAKER <u>Charles C. C. C.</u> ADDRESS <u>Wilson Church</u>			
15 Filed <u>Dec 8</u> 191 <u>7</u> Registrar							