28-12679

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MISSISSIPPI STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Simpson State Miss. Registration District No. 496 File No. 14

Village ..... Vot. Pct. Camille or Primary Registration Dist. No. 9664 Reg. No. 14

City Wesson Miss R 5 No. ..... St., ... Ward

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

2 FULL NAME Elzie Anding

(Print full name with pen or typewriter.)

(a) Residence (Usual place of abode) Wesson Miss R 5

(If non-resident give city or town and state.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Steve Kent

6 DATE OF BIRTH (month, day and year)

7 AGE: YEARS: 46 | MONTHS: about | DAYS | IF LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: H. H. Gatlin
(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): Simpson Co Miss

PARENTS

10 NAME OF FATHER: Alford Anding

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

12 MAIDEN NAME OF MOTHER: Sallie Robertson

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

14 Informant: Mrs. D. R. Alford
(Address): Wesson Miss R 5

15 Filed 6/12/ 1926 Dave M. Magee REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 6/12/ 1926

17. I HEREBY CERTIFY, That I attended the deceased from ....., 1917, to June 12, 1926, that I last saw h.. alive on June 12, 1926, and that death occurred on the date stated above, at 6:30 a. m.
The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (duration) yrs. mos. ds.

CONTRIBUTORY Bright's Disease (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 D. H. Magee M. D.

6/12/ 1926 (Address) Wesson R 5 Miss

*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
Galler Cemetery	6/13/ 1926

20 UNDERTAKER FRANK H. HARTMAN ADDRESS Wesson Miss

FORM V. S. No. 4

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.

MARGIN RESERVED FOR BINDING