

Dr. Markette

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State File No. 11049

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

MISSISSIPPI STATE BOARD OF HEALTH

1. PLACE OF DEATH

County Lincoln

Registered No. 139

Voting Precinct Brookhaven, Miss. 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 Luther Terry Brewer (Write or Print Name Plainly)

(a) Residence: No. Brookhaven, Miss. St. Ward. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)

Male Black Married

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

6. DATE OF BIRTH (month, day, and year) Aug. 1

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 54

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Caseyville, Miss.

13. NAME Terry Brewer

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

15. MAIDEN NAME Violet Markham

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

17. INFORMANT (and Address) Luvenia Brewer Brookhaven, Miss.

18. BURIAL, CREMATION, OR REMOVAL Place Gallilee Date 6/3 19 36

19. UNDERTAKER (and Address) Frank H. Hartman Brookhaven, Miss.

20. FILED June 3 19 36 Corrie By Registrar.

21. DATE OF DEATH (month, day and year) June 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25 19 36 to June 2 19 36  
I last saw him alive on June 1 19 36 Death is said to have occurred on the date stated above, at 6:00 P.m.

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

Septicemia 36  
Date of onset May 20-36

Contributory causes of importance not related to principal cause: 1-151

Injury from boiler upper lip. 69  
Name of operation (if any was done) May 15-36

What test confirmed diagnosis? Date of

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Was there an autopsy?

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) Dr. Markette M. D.

(Address) Brookhaven, Miss

FORM V. S. No. 4-4-30  
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.