

31-14317

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State File No.

1. PLACE OF DEATH

MISSISSIPPI STATE BOARD OF HEALTH

County

Copiah

Registered No.

Voting Precinct

Parks

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

Bessie Christman

(Write or Print Name Plainly)

(a) Residence: No.

St.

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Col

5. Single, Married, Widowed, or Divorced (write the word)

Married

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

Albert Christman

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

7. AGE

41

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

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)

Miss

13. NAME

Gus Christman

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

Miss

15. MAIDEN NAME

Sigga Christman

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

Miss

17. INFORMANT (and Address)

A Christman

18. BURIAL, CREMATION, OR REMOVAL

Place

Huntsville

Date

9/1/31

19. UNDERTAKER

(and Address)

20. FILED

Miss E. C. Mitchell

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 1-31

22. I HEREBY CERTIFY, that I attended deceased from

*Aug 20, 1931 to Sept 1, 1931*I last saw him alive on *Sept 1, 1931*. Death is said to have occurred on the date stated above, at *1:15 p.m.*

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

Apoplexy

Date of onset

Contributory causes of importance not related to principal cause:

Following mesenteric

Name of operation (if any was done)

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

Date of injury

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) *E. H. DeBarny* M. D.(Address) *Hayden*

MARGIN RESERVED FOR BINDING

FORM V. 2, 1930

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.