

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

1 PLACE OF DEATH

County Copiah  
 Vol. Pct. Broussard  
 Inc. Town or Village or City \_\_\_\_\_

STATE OF MISSISSIPPI

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

Registration District No. 4313 File No. 4710  
 Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

2 FULL NAME Isool Demeyer

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR or RACE <u>col</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>
6 DATE OF BIRTH _____, 18 <u>68</u> Month _____ Day _____ Year _____		
7 AGE <u>48</u> yrs. _____ mos. _____ ds.		8 LESS than 1 day, _____ hrs. _____ or _____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>barber</u> (b) General nature of industry, business, or establishment in which employed, (or employer)		
9 BIRTHPLACE (State or Country) <u>miss</u>		
PARENTS	10 NAME OF FATHER <u>Joe Demeyer</u>	
	11 BIRTHPLACE OF FATHER (State or Country) <u>miss</u>	
	12 MAIDEN NAME OF MOTHER <u>Virginia Taylor</u>	
13 BIRTHPLACE OF MOTHER (State or Country) <u>miss</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
 \_\_\_\_\_, 1916  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

17 I HEREBY CERTIFY, That I attended the deceased from July 20, 1916, to July 30, 1916, that I last saw him alive on July 30, 1916, and that death occurred on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH \* was as follows:  
Pneumonia

Duration \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory SECONDARY \_\_\_\_\_  
 Duration \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed E. N. DeBerry, M. D.  
July 31, 1916 Address Hogeland

\*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

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 \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chess Brosey  
 (Address) Broussard

15 Filed 2/10 1916 A. B. Weeks Registrar

19 PLACE OF BURIAL OR REMOVAL  
Int. Calene Co

20 UNDERTAKER  
Song Funeral

DATE OF BURIAL  
1/31 1916

ADDRESS \_\_\_\_\_