

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.

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State File No.

22663

1. PLACE OF DEATH

MISSISSIPPI STATE BOARD OF HEALTH

County

Voting Precinct

Registered No.

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 10 yrs. mos. ds How long 1937. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(Write or Print Name Plainly)

(a) Residence No.

(Usual place of abode)

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)

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

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

7. AGE

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT

(and Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date

19. UNDERTAKER

(and Address)

20. FILED

4-57 37.19

Mrs G.F. Scarborough

21. DATE OF DEATH (month, day and year) Feb. 15. 37

22. I HEREBY CERTIFY, That I attended deceased from 2/17 1937 to 2/17 1937

I last saw him alive on 2/17 1937. Death is said to have occurred on the date stated above, at m.

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

Fractured Ribs

Date of onset 2-17-37

Contributory causes of importance not related to principal cause

Punctured Lungs Right Femur Fractured

Name of operation (if any was done)

What confirmed diagnosis?

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

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)

(Address)

M. D.

SPECIAL NOTE---IN RE PERMITS. On December 7, 1933, the State Board of Health suspended the Rule requiring a permit for burial or removal of a dead body if the death does not occur inside a town of one thousand (1000) or more population but, the completed death certificate must be filed with the registrar within five days after death. However, if the body is to be shipped or carried to another State, a transit permit must be obtained. When there appears any suspicion of foul means, the undertaker must refer the case to the registrar for investigation by the coroner, as required in all such cases.

**EXTRACTS FROM THE RULES AND REGULATIONS OF THE MISSISSIPPI STATE BOARD OF HEALTH
GOVERNING THE REGISTRATION OF BIRTHS AND DEATHS.**

FROM RULE 6. "The body of any person whose death occurs in the State shall not be interred, deposited in a vault or tomb, cremated or otherwise disposed of ~~any~~ until a permit for

FROM	(COUNTY)	(NAME)	(COLOR)	(DIED)	(NO.)
FROM	Opiah	Jim Farley	black	2/19/37	Delay

Cause of death given on certificate	Fractured rib-- Punctured lung
--	--------------------------------

FROM _____
information Please tell us how these injuries were obtained
FROM _____
nted

YOUR REPLY *Feel from Barn ^{road} about 1 week before
Patient's Death -*

MEDICAL
 (Date) 12-22, 1937 (Signed) [Signature] M. D.

Costa

Address _____

sign here if you only sold the coffin but do not sign if you buried the body.)

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		STATE OF MISSISSIPPI	
County	<i>Copiah</i>	STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH	
Vot. Pct.	<i>Perkins</i>	Registration District No.	<i>8328</i>
Inc. Town or Village or City		Primary Registration District No.	
		(No. _____ St., _____ Ward)	File No. <i>5</i>
2 FULL NAME <i>Hannie Harley</i>		Registered No. _____	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>Female</i>	4 COLOR or RACE <i>Black</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>married</i> (Write the word).	
6 DATE OF BIRTH <i>847</i> Month _____ Day _____ Year _____		16 DATE OF DEATH <i>May 27</i> month _____ Day _____ Year <i>1917</i>	
7 AGE <i>70</i> yrs. _____ mos. _____ ds.	If LESS than 1 day _____ hrs. or _____ min?	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.	
8 OCCUPATION (a) Trade, profession, or particular kind of work <i>Housewife</i> (b) General nature of industry, business, or establishment in which employed, (or employer).		The CAUSE OF DEATH* was as follows: <i>pneumonia</i>	
9 BIRTHPLACE (State or Country) <i>Miss</i>		Duration _____ mos. _____ ds.	
PARENTS	10 NAME OF FATHER <i>Don't know</i>	Contributory SECONDARY Duration _____ yrs. _____ mos. _____ ds.	
	11 BIRTHPLACE OF FATHER (State or Country) <i>Old time Slave</i>	Signed <i>O. H. DeBerry</i> M. D.	
	12 MAIDEN NAME OF MOTHER	_____ 191____ Address _____	
13 BIRTHPLACE OF MOTHER (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.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) _____		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 _____	
15 Filed _____ 191____	<i>W. B. Norton</i> Registrar	19 PLACE OF BURIAL OR REMOVAL <i>Spring Hill</i>	DATE OF BURIAL <i>May 28, 1917</i>
		20 UNDERTAKER <i>Long. Fur. Co</i>	ADDRESS <i>Hazlehurst</i>