

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. 14
 Inc. Town St. James
 Village St. James
 City St. James

STATE OF MISSISSIPPI

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 206 File No. 10473
 Primary Registration District No. 2151 Registered No. 237
 (No. _____ St. _____ Ward) If death occurred in a hospital or institution give its NAME instead of street and number.

2 FULL NAME Jacques Gustorius

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR or RACE Negro 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (Write the word)

6 DATE OF BIRTH _____ 1 _____ Year
 _____ Month _____ Day

7 AGE 46 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed, (or employer)

9 BIRTHPLACE (State or Country) Miss

PARENTS

10 NAME OF FATHER J. M. Halls

11 BIRTHPLACE OF FATHER (State or Country) Missouri

12 MAIDEN NAME OF MOTHER Julia S. Halls

13 BIRTHPLACE OF MOTHER (State or Country) Missouri

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH June 29 1915
 _____ Month _____ Day _____ Year

17 I HEREBY CERTIFY, That I attended the deceased from July, 1915, to June 29, 1915, that I last saw him alive on June 20, 1915, and that death occurred on the date stated above, at 5 a.m. The CAUSE OF DEATH * was as follows:
Chronic Nephritis with heart complications

Duration _____ yrs. _____ mos. _____ ds.

Contributory SECONDARY _____
 Duration _____ yrs. _____ mos. _____ ds.

Signed W. H. H. H., M. D.
June 29, 1915 Address St. James

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Academy Gustorius
 (Address) St. James

15 Filed June 29 1915 J. M. Halls Registrar

* 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 _____

19 PLACE OF BURIAL OR REMOVAL Halls Town Cem DATE OF BURIAL 6/29, 1915

20 UNDERTAKER Wm. H. H. ADDRESS St. James