

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH State File No.

1. PLACE OF DEATH MISSISSIPPI STATE BOARD OF HEALTH
County Carleton Registered No. 496
Voting Precinct Caseyville or Village
or City No. St. Ward

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 George H. Harnsperger (Write or Print Name Plainly)
(a) Residence: No. Ladysville St. Ward. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Dixon
6. DATE OF BIRTH (month, day, and year) Jan. 4, 1964
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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

21. DATE OF DEATH (month, day, and year) Oct. 29, 1928
22. I HEREBY CERTIFY, That I attended deceased from 1927 to 1928
I last saw him alive on Sept. 19, 1928 Death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance in order of onset were as follows: Tubercular Bright's disease
Contributory causes of importance not related to principal cause:
Name of operation (if any was done)
Date of
What test confirmed diagnosis?
Was there an autopsy?

12. BIRTHPLACE (city or town) (State or country) Miss.
13. NAME Father Martin Harnsperger
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Mother Blue
16. BIRTHPLACE (city or town) (State or country) A. Paulina
17. INFORMANT (and Address) J. W. Marham
18. BURIAL, CREMATION, OR REMOVAL Place Date Oct. 31, 1928
19. UNDERTAKER B. A. Eaton (and Address) Mission Church
20. FILED Oct 30, 19 Dr. D. W. Magee Registrar.

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) D. W. Magee M. D.
(Address) Ladysville, Miss.

FORM V. S. No. 4-10M-5-4-29-7PCo. ORIGINAL 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.