18927

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State File No.

MISSISSIPPI STATE BOARD OF HEALTH

1. PLACE OF DEATH

County Franklin Registered No. 97

Voting Precinct ..... or Village .....

or City Bude 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 Kissiah Jones 520 (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	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	B	widow

5a. 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.
	102			

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. Hosewill

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) Franklin

FATHER

13. NAME Wilson Cornell

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

MOTHER

15. MAIDEN NAME Fannie Cornell

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

17. INFORMANT (and Address) Joseph Middleton

18. BURIAL, CREMATION, OR REMOVAL
Place St Luke Date 11/30 1937

19. UNDERTAKER (and Address) J.O. Hampton

20. FILED 11/30 1937 M. Cotton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-29-37

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... 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:

	Date of onset
No Doctor	

Contributory causes of importance not related to principal cause:

	2-2B

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 ..... 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) ..... M. D.

(Address) .....

FORM V. S. No. 1—

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.

MARGIN RESERVED FOR BINDING