

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.

7151

1. PLACE OF DEATH

MISSISSIPPI STATE BOARD OF HEALTH

County

Cossatot

Registered No.

Voting Precinct

Pearson

or Village

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? yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Flossie B. Lynch

(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 Female	4. COLOR OR RACE Col	5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year)		
7. AGE 31	Years 31	Months Days If LESS than 1 day, hrs. or min.
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)	Miss.
13. NAME	Willet Buchanan
14. BIRTHPLACE (city or town) (State or country)	Miss.
15. MAIDEN NAME	Memphis
16. BIRTHPLACE (city or town) (State or country)	Miss.
17. INFORMANT (and Address)	Murdith Beecham 1002 Auburn Ave
18. BURIAL, CREMATION, OR REMOVAL Place Date	Buried 5/10, 1935
19. UNDERTAKER (and Address)	Enterprise Burial Assn Jackson Miss
20. FILED	May 10, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year)	May 9, 1935
22. I HEREBY CERTIFY, That I attended deceased from	
I last saw her alive on May 1, 1935. 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: Pneumonia, tuberculosis	
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?	
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)	M. D.
(Address)	