STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NO. 2786

BIRTH NO.

REGISTRAR'S NO. 29

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY, TOWN, OR LOCATION: Brookhaven Rt.3,
c. LENGTH OF STAY IN 1b: Life
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Residence
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Miss.
b. COUNTY: Lincoln
c. CITY, TOWN, OR LOCATION: Brookhaven Rural
d. STREET ADDRESS: RFD 3,
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒
f. IS RESIDENCE ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED (Type or print): First: Johnny; Middle: Willie C.; Last: Markham
4. DATE OF DEATH: Month: Feb. Day: 2, Year: 1959
5. SEX: Male
6. COLOR OR RACE: Col.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: March 21, 1875
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months: 10 Days: 12
IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (tenant)
10b. KIND OF BUSINESS OR INDUSTRY: Hugh Paxton Farm)
11. BIRTHPLACE (State or foreign country): Miss.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Monroe Markham
14. MOTHER'S MAIDEN NAME: Mary Byrd
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ---------
17. INFORMANT: Address: Willie Markham Brookhaven, Rt. 3,

Dr. Lott

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
443 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY occurred. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 5 '8, to Feb 2 '59 and last saw him alive on 2 Feb 1959
Death occurred at 11:[illegible] m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. L. Lott M.D.
22b. ADDRESS: Brookhaven, Miss.
22c. DATE SIGNED: 2/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/6/59
23c. NAME OF CEMETERY OR CREMATORY: Gallilee Cemetery
23d. LOCATION (City, town, or county) (State): Caseyville, Miss.

24. FUNERAL DIRECTOR ADDRESS: Frank H. Hartman, Brookhaven, Miss.
25. DATE RECD. BY LOCAL REG.: 2-13-59
26. REGISTRAR'S SIGNATURE: Thyra D. Hart

Revised 1-1-56

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Judy Moulder
Judy Moulder
STATE REGISTRAR

NOV 12 2001

MISSISSIPPI STATE BOARD OF HEALTH

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