

Form 10-3-38
 N. B.—WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully noted.
 O.E. DEATHS, 1938
 Form 10-3-38
 Cora M. S. Callum
 Mrs. M. S. Callum
 Mrs. M. S. Callum
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RESERVED FOR BINDING
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Outside

STANDARD CERTIFICATE OF DEATH
 MISSISSIPPI STATE BOARD OF HEALTH
 VITAL STATISTICS

State File No. 13739

PLACE OF DEATH
 County Lincoln
 Voting Precinct _____ or Village _____
 City Brookhaven No. _____ St.
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in place where death occurred? yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
 FULL NAME Cora McCallum 745 (Write or Print Name Plainly)
 (a) Residence Rt. 1 Box 232 Nesson, Miss.
 (Usual place of abode) (County) (Town or City) (State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX F
 4. COLOR or RACE Negro
 5. Single, Married, Widowed, or Divorced (write the word) Single
 6. If married, widowed, or divorced HUSBAND or (or) WIFE of _____
 7. DATE OF BIRTH (month, day, year)
 Years 38 Months _____ Days _____ If LESS than 1 day _____ hrs. _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Deceased last worked at _____ (month and year)
 11. Total time (years) spent in this _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8/22 1938 4:20 AM
 22. I HEREBY CERTIFY, that I attended deceased from 8/20 1938 to 8/22 1938
 I last saw him alive on 8/20 1938. Death is said to have occurred on the date stated above.
 The principal cause of death was as follows:
Bronchial Pneumonia
 Contributory causes: Influenza
 Date of onset 1-11-38

12. BIRTHPLACE (city or town) (State or country) Don't Know
 13. MAIDEN NAME Don't Know
 14. BIRTHPLACE (city or town) (State or country) Don't Know
 15. MARRIAGE (Date and address) 274 East China St., Jackson Miss. Lebedee Covington
 16. CREMATION, OR REMOVAL (Date) 8/23/38
 17. UNDERTAKER (and Address) Jackson Miss Peoples Undertaking Co. Alvin B. Hardlow Registrar.

18. 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 _____ hr. _____ M.
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____
 How did it occur?
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 (Signed) O. H. Dringhaus
 (Address) Brookhaven, Miss.

20. FILED Sept. 9 1938