

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH State File No. 87

1. PLACE OF DEATH MISSISSIPPI STATE BOARD OF HEALTH  
 County Adams Registered No. 87  
 Voting Precinct Jefferson Hotel or Village  
 or City Natchez Miss. Natchez St. Charity Hospital  
 (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? 1 yrs. 0 mos. How long in U. S. if of foreign birth? 1 yrs. 0 mos. 0 ds.  
 2. FULL NAME Hattie Shepherd (Write or Print Name Plainly)  
 (a) Residence: No. Hazelhurst Miss. 163 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH

3. <del>SEX</del> <u>Female</u>	4. COLOR OR RACE <u>Cauc</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	21. DATE OF DEATH (month, day and year) <u>May 27-1938</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Leroy Shepherd</u>			22. I HEREBY CERTIFY, That I attended deceased from <u>May 24, 1938</u> to <u>May 27, 1938</u> I last saw h. <u>alive on May 27, 1938</u> Death is said to have occurred on the date stated above, at <u>8:10 P. M.</u>
6. DATE OF BIRTH (month, day, and year) <u>M 25-1910</u>			The principal cause of death and related causes of importance in order of onset were as follows: <u>Carcinoma of uterine cervix</u> <u>a generalized carcinoma of ovary</u> Date of onset <u>1-49</u>
7. AGE <u>28</u>	Years <u>28</u>	Months <u>0</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wringing</u>			Contributory causes of importance not related to principal cause: <u>1-49</u>
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)			Name of operation (if any was done) <u>Laparotomy</u> Date of <u>5-27-38</u>
11. Total time (years) spent in this occupation			

12. BIRTHPLACE (city or town) (State or country) <u>Thro. Shaysman</u> <u>Mississippi</u>	13. NAME <u>Thro. Shaysman</u>	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
14. BIRTHPLACE (city or town) (State or country) <u>Copiah Co</u> <u>Mississippi</u>	15. MAIDEN NAME <u>Mary Childs</u>	Manner of injury _____ Nature of injury _____
16. BIRTHPLACE (city or town) (State or country) <u>Copiah Co</u> <u>Mississippi</u>	17. INFORMANT <u>Natchez Charity Hospital</u> <u>Natchez Miss</u>	24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>J. R. Lightner</u> M. D. (Address) <u>Natchez Charity Hosp.</u> <u>Natchez Miss</u>
18. PLACE, DATE, AND MANNER OF REMOVAL Place <u>Hazelhurst</u> Date <u>May 29, 1938</u>	19. UNDERTAKER <u>Garrett B. Cullen</u> <u>Jackson Miss</u>	20. FILED <u>May 29, 1938</u>

MARGIN RESERVED FOR BINDING  
N. E.—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.