MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

STATE OF MISSISSIPPI

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

5493

1 PLACE OF DEATH
County Lincoln
Vot. Pct. O. C. Haws
Inc. Town or Village or
Registration District No. 491 File No.
Primary Registration District No. 8861 Registered No. 30
City (No. St., Ward) If death occurred in a hospital or institution give its NAME instead of street and number.

2 FULL NAME Isiah Sinclair

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male — 4 COLOR or RACE: Negro — 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): married	16 DATE OF DEATH: March (Month) 18 (Day) 1917 (Year)
6 DATE OF BIRTH: Nov (Month) 30 (Day) 1 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Jany 31 1916 to March 18 1917 that I last saw him alive on March 17 1917 and that death occurred on the date stated above, at 3 A M.
7 AGE: 77 yrs. mos. ds. — If LESS than 1 day, hrs. or min?	The CAUSE OF DEATH* was as follows: Chronic ~~[illegible]~~ Mixed Nephritis
8 OCCUPATION (a) Trade, profession, or particular kind of work: Farming	Duration: Indefinite
(b) General nature of industry, business, or establishment in which employed, (or employer): none	Contributory Secondary: Arterial Sclerosis — Duration: Indefinite
9 BIRTHPLACE (State or Country): Copiah Co	Signed H. E. Conway M. D. — 3-19 1917 Address Brookhaven
PARENTS — 10 NAME OF FATHER: Albert Sinclair	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
11 BIRTHPLACE OF FATHER (State or Country): Dont Know	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
12 MAIDEN NAME OF MOTHER: Pegie Sinclair	At Place of death yrs. mos. ds. In the State yrs. mos. ds.
13 BIRTHPLACE OF MOTHER (State or Country): Dont Know	Where was disease contracted, if not at place of death — Former or usual residence
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James Sinclair (Address) Brookhaven	19 PLACE OF BURIAL OR REMOVAL: Crystal Springs — DATE OF BURIAL: 3/19 1917
15 Filed 3/19/1917 [illegible signature] Registrar	20 UNDERTAKER: Home Furn Fund Co / F H Hartway — ADDRESS: B Haven

Form V. S. No. 4. 25M-11-8-16-H.