

no 102

MARGIN RESERVED FOR BINDING
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. 17004	
1. PLACE OF DEATH			MISSISSIPPI STATE BOARD OF HEALTH			
County <u>Crisp</u>			Registered No. _____			
Voting Precinct <u>Glancy</u>			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 <u>Thomas Sinclair</u> (Write or Print Name Plainly)						
(a) Residence: No. <u>Hazlehurst Miss</u> St. _____ Ward _____						
(Usual place of abode) (If nonresident give city or town and State)						
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>		4. COLOR OR RACE <u>col</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>		
21. DATE OF DEATH (month, day and year) <u>Oct. 31. 1936</u>						
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____						
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.						
The principal cause of death and related causes of importance in order of onset were as follows: <u>Worked in cotton gin all day. Complained of aching in chest & left arm.</u> Date of onset <u>10-17-36</u>						
Contributory causes of importance not related to principal cause: _____						
<u>died suddenly about 6 p.m.</u>						
Name of operation (if any was done) <u>Oct. 31. 1936</u>						
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 _____ 19____						
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) _____						
17. INFORMANT <u>Messie Sinclair</u> (and Address) <u>Hazlehurst Miss</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>New Zion</u> Date <u>11-2-1936</u>						
19. UNDERTAKER <u>H. A. McNeil</u> (and Address) <u>Hazlehurst Miss</u>						
20. FILED <u>Nov. 2-36</u> 19 <u>Mr. J. F. Seabrough</u>						