

MARGIN RESERVE 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.

1 PLACE OF DEATH
County Cobb
Vot. Pct. 2nd
Inc. Town }
or
Village }
or
City

STATE OF MISSISSIPPI

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 8328 File No. 4
Primary Registration District No. _____ Registered No. _____
(No. _____ St., _____ Ward)

If death occurred in a hospital or institution give its NAME instead of street and number.

2 FULL NAME Tom Tolifer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR or RACE black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word).

6 DATE OF BIRTH 844
Month _____ Day _____ Year _____

7 AGE 73 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed, (or employer)

9 BIRTHPLACE (State or Country) Miss

PARENTS
10 NAME OF FATHER Hilliard Tolifer
11 BIRTHPLACE OF FATHER (State or Country) Miss
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____
(Address) _____

15 Filed _____ 191 _____ W B Norton Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 4, 191 7
month _____ Day _____ Year _____

17 I HEREBY CERTIFY, That I attended the deceased from _____, 191 _____, to _____, 191 _____, that I last saw h _____ alive on _____, 191 _____, and that death occurred on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Cyrosis of liver
Duration _____ yrs. _____ mos. _____ ds.

Contributory _____ SECONDARY _____
Duration _____ yrs. _____ mos. _____ ds.
Signed J. M. Hutchings M. D.
_____ 191 _____ Address Hazelhurst

* State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At Place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Hunter DATE OF BURIAL May 5, 191 7

20 UNDERTAKER Long-Tus Co ADDRESS Hazelhurst