

Outlets Magee

BUREAU OF VITAL STATISTICS **STANDARD CERTIFICATE OF DEATH** State File No. **2948**

1. PLACE OF DEATH **Lincoln** MISSISSIPPI STATE BOARD OF HEALTH
County **Lincoln** Registered No. **39**
Voting Precinct **Baserville** or Village
or City **Baserville** No. **39** St. **Baserville** Ward **Baserville**
(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 **Alice Wesley** (Write or Print Name Plainly)
(a) Residence: No. **Wesson Rd 1 1/2** St. **Baserville** Ward **Baserville**
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX **F**
4. COLOR OR RACE **B.**
5. Single, Married, Widowed, or Divorced (write the word) **Married**
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of **John Wesley**
6. DATE OF BIRTH (month, day, and year)
7. AGE Years **70** Months Days If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinster, lawyer, bookkeeper, etc. **Field Hand**
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) **6/30/36**. Total time (years) spent in this occupation **30**

MEDICAL CERTIFICATE OF DEATH
11. DATE OF DEATH (month, day and year) **2/12/37**
12. I HEREBY CERTIFY, That I attended deceased from **Dec 1** 19**36** to **Feb 10** 19**37**
I last saw her alive on **Feb 10** 193**7**. Death is said to have occurred on the date stated above, at **6 a m.**
The principal cause of death and related causes of importance in order of onset were as follows: **Arteriosclerosis** Date of onset
Contributory causes of importance not related to principal cause: **-92 a**
Name of operation (if any was done) **None** Date of
What test confirmed diagnosis? **None** 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) **B. W. Magee** M. D.
(Address) **Wesson, Rt. 1, Miss**

12. BIRTHPLACE (city or town) (State or country) **Lincoln Co.**
13. NAME **Jim Banks**
14. BIRTHPLACE (city or town) (State or country) **Miss**
15. MAIDEN NAME **Hettie Williams**
16. BIRTHPLACE (city or town) (State or country) **Miss**
17. INFORMANT (and Address) **Family Wesley Wesson R 1**
18. BURIAL, CREMATION, OR REMOVAL Place **Wesson** Date **Feb 13 1937**
19. UNDERTAKER (and Address) **Frank W. Hartman Brookhaven Miss**
20. FILED **Feb. 16** 19**37** **Conner** Registrar

FORM V. S. No. 4-6
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.