

MISSISSIPPI STATE BOARD OF HEALTH CERTIFICATE OF DEATH

1 PLACE OF DEATH

Bureau of Vital Statistics

County Madison State Miss.Registration District No. 196 File No. 22017

Village Vol. Pct. or

Primary Registration Dist. No. 4562 Reg. No. 26City No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Caucasian 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26/18857 AGE Years 34 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town, State or Country) Miss.10 NAME OF FATHER John Wesley11 BIRTHPLACE OF FATHER (city or town, State or country) Miss.12 MAIDEN NAME OF MOTHER Alice Banks13 BIRTHPLACE OF MOTHER (city or town, State or country) Miss.14 Informant Jessie M. Matthews
(Address)15 Filed June 5, 1919 D. S. W. Magee
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/7/191917. I HEREBY CERTIFY, That I attended the deceased from 11/11/1919, to 11/7/1919, that I last saw him alive on 11/11/1919and that death occurred on the date stated above, at St. M. The CAUSE OF DEATH* was as follows:Intermittent T.B.
(duration) yrs. mos. da.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. W. Magee, M. D.
11/7/1919, (Address) Madison, Miss.

*State the Disease Causing Death, or in deaths from Violent Cause, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation or Removal Date of Burial

Galilee 11/19 1919
20 UNDERTAKER ADDRESS

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.