

9358

# MISSISSIPPI STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH Union State Miss. Registration District No. 496 File No. 11  
 Village Brookhaven Miss. Vol. Pct. Ret. Store Primary Registration Dist. No. 5871 Reg. No. 11  
 City Brookhaven Miss. No. R-6 St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dunkan Wilson

(a) Residence No. Brookhaven Miss. R-6 Ward, \_\_\_\_\_  
 (Usual place of abode) (If non-resident give city or town and state.)

Length of residence in city or town where death occurred 5 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 Black 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Louise

6 DATE OF BIRTH (month, day and year) Sept 10 1925

7 AGE YEARS 60 MONTHS about DAYS \_\_\_\_\_ IF LESS than 1 day, — hrs. or — min.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Former Cotton & Corn  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9 BIRTHPLACE (city or town) Union, W. Miss. (State or country)

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 5/18 1926

17. I HEREBY CERTIFY, That I attended the deceased from May 7, 1925, to May 18, 1925 that I last saw her alive on May 10, 1925 and that death occurred on the date stated above, at 6:00 p.m. The CAUSE OF DEATH\* was as follows:  
Syphilitic (Basilar)

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

PARENTS

10 NAME OF FATHER Ever Wilson

11 BIRTHPLACE OF FATHER (city or town) Vernon, Miss. (State or country)

12 MAIDEN NAME OF MOTHER Hazel

13 BIRTHPLACE OF MOTHER (city or town) Vernon, Miss. (State or country)

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 F. J. McRae, M. D.  
Brookhaven, Miss.

14 Informant Johnnie McJuffee  
 (Address) Brookhaven Miss.

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

15 Filed May 19 1926 D. S. W. Magee  
 REGISTRAR

16 Method of Burial, Cremation or Removal Local Burial Date of Burial 5/19 1926  
 UNDERTAKER Frank H. Hartman ADDRESS Brookhaven

MARGIN RESERVE. FOR BINDING

Form V. S. No. 4

N. B. WRITE PLAINLY, WITH REDDING 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.