

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.

16990

## 1. PLACE OF DEATH

MISSISSIPPI STATE BOARD OF HEALTH

County

Copiah

Registered No.

Voting Precinct

Hazelhurst

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

Robt E Winston

(Write or Print Name Plainly)

(a) Residence: No.

Hazelhurst R. 2

St.

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M

## 4. COLOR OR RACE

Negro

## 5. Single, Married, Widowed, or Divorced (write the word)

Single

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

## 6. DATE OF BIRTH (month, day, and year)

2/10/1900

## 7. AGE

36

Years

Months

Days

If LESS than 1 day, hrs. or min.

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

## 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)

## 11. Total time (years) spent in this occupation

Sept. 1936

## 12. BIRTHPLACE (city or town) (State or country)

Copiah Co. Miss

## 13. NAME

E. R. Winston

## 14. BIRTHPLACE (city or town) (State or country)

Miss

## 15. MAIDEN NAME

Ora Terry

## 16. BIRTHPLACE (city or town) (State or country)

Miss

## 17. INFORMANT (and Address)

E. R. Winston Hazelhurst Miss

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Hazelhurst Miss Date 10/15/1936

## 19. UNDERTAKER (and Address)

Brown Funeral Home Jackson Miss

## 20. FILED

Oct. 14-26 19

M. R. J. F. Scarborough Hazelhurst Miss

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (month, day and year)

10/14/36

## 22. I HEREBY CERTIFY That I attended deceased from

10/11/1936 to 10/14/1936

I last saw him alive on 10/16/1936 Death is said to have occurred on the date stated above, at 3-15 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic nephritis

Date of onset

Contributory causes of importance not related to principal cause:

1-131

Name of operation (if any was done)

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?

No. If so, specify

(Signed)

(Address)

M. D.