

1. PLACE OF DEATH—
County Clairborne City or Town Sattison Inside or Outside Corporate Limits? Outside
Hospital _____ or Street and Number _____ or Rural Precinct _____

Length of Stay Before Death, (a) In Hospital _____ (b) In this Community _____
2. RESIDENCE BEFORE DEATH—
State Miss. County Clairborne City or Town Sattison or Rural Precinct #5

3. (a) FULL NAME Louis Wallace 420 | If Foreign Born _____ Yrs. How Long in U. S. Five

3. (b) If veteran, name war _____ No. _____
3 (c) Social Security No. _____

MEDICAL CERTIFICATION
20. Date of death: Month July day 9th year 1943 hour _____ A. M. or 10:12 P. M.

4. Sex M 5. Color or Race C 6 (a) Single, widowed, married, divorced M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

6 (b) Name of husband or wife Betha Wallace 6 (c) Age of husband or wife if alive 88 years

7. Birth date of deceased Nov - 20 - 1853
(Month) (Day) (Year)

Immediate cause of death Doctor Cause of Death unknown
DURATION _____

8. AGE: Years 89 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Jefferson Miss.
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Teacher

11. Industry or business Same

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Jack Wallace

13. Birthplace Jefferson
(City, town, or county) (State or foreign country)

14. Maiden name Clarrissa Henderson

15. Birthplace Jefferson Miss.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16 (a) Informant's signature W. D. Reed

(b) Address Nellandale Miss.

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17 (a) Marganda (b) Date 7/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

18 (a) Signature, funeral director R. Mary Furr

(b) Address Box 5150 Miss.

While at work? _____ (e) Means of injury _____

23. Signature _____ M. D.

Address _____ Date Signed _____

Miss. Wallace

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