

21818

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH MISSISSIPPI STATE BOARD OF HEALTH State File No.

1. PLACE OF DEATH: County Copiah, Registered No. ... Voting Precinct ... or Village ... or City ... No. ... St. ... Ward ... 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.

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. Single, Married, Widowed, or Divorced Married 5a. If married widowed or divorced HUSBAND of Mammie Docking WIFE of ... 6. DATE OF BIRTH (month, day, and year) 7. AGE 57 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 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

21. DATE OF DEATH (month, day and year) July 31/1938 22. I HEREBY CERTIFY, That I attended deceased from May 7, 1938 to July 31, 1938. I last saw him alive on July 22, 1938. Death is said to have occurred on the date stated above, at 2:15 p.m. The principal cause of death and related causes of importance in order of onset were as follows: Carcinoma of stomach with metastasis to liver Date of onset 1-4-38 Contributory causes of importance not related to principal cause Name of operation (if any was done) none Date of What test confirmed diagnosis? X-ray 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

12. BIRTHPLACE (city or town) (State or country) Copiah, Miss 13. NAME George Docking 14. BIRTHPLACE (city or town) (State or country) Miss 15. MAIDEN NAME Liza (Unknown) 16. BIRTHPLACE (city or town) (State or country) Miss 17. INFORMANT (and Address) M.H. Davis 18. BURIAL, CREMATION, OR REMOVAL Place Hunters Miss Date Aug 1, 1938 19. UNDERTAKER (and Address) J. H. Davis 20. FILED Sept. 9, 1938 Registrar

(Signed) J. G. Blaine M. D. (Address) Baylehurst, Miss

MARGIN RESERVED FOR BINDING

FORM V. S. No. 4-3-36. 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.

Dr. Blaine

No. McDonald
Hazlehurst Miss

DEPARTMENT OF COMMERCE
Bureau of the Census

STANDARD CERTIFICATE OF DEATH

State File No. 13382

STATE OF MISSISSIPPI

Registrar's No.

1. PLACE OF DEATH—

County Copiah City or Town Hazlehurst 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 Copiah City or Town Hazlehurst or Rural Precinct _____

3. (a) FULL NAME

Marion Rockingham If Foreign Born How Long in U. S.? _____ Yrs. _____

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

3 (c) Social Security No. _____

MEDICAL CERTIFICATION

20. Date of death: Month 8 - day 18 year 41 hour _____ A. M. or _____ P. M.

21. I hereby certify that I attended the deceased from July 16, 1941, to Aug 7, 1941; that I last saw her alive on Aug. 7, 1941; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or Race negro 6 (a) Single, widowed, married, divorced Widow

6 (b) Name of husband or wife H. M. Rockingham 6 (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 88 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Farm

11. Industry or business _____

12. Name Gussie Reese

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

14. Maiden name Eliza Winston

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

16 (a) Informant's signature Gussie Reese

(b) Address Hazlehurst Miss

17 (a) _____ (b) Date 8/19/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Hazlehurst Miss

18 (a) Signature, general director Peoples Ind. Co.

(b) Address Jackson, Miss

19 (a) Aug 25, 1941 (Date received local registrar) Mrs. Marion C. Terry (Registrar's signature)

Immediate cause of death Pneumonia DURATION two weeks

Due to tuberculosis

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

MAJOR FINDINGS: Of operations _____ Of autopsy SEE ATTACHED SLIP

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

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

(b) Date of occurrence _____

(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)

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

23 Signature Thomas J. McDonnell, M. D. Address Hazlehurst, Miss Date Signed 8-21-41

MOTHER FATHER