

MISSISSIPPI STATE BOARD OF HEALTH

24796

CERTIFICATE OF DEATH

Bureau of Vital Statistics

1 PLACE OF DEATH

County Franklin State Miss Registration District No. 8371 File No. _____
 Village Quinton Not. Pct. Quinton Primary Registration Dist. No. _____ Reg. No. _____
 City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Mable Woods

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If non-resident 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.

2 SEX female 4 COLOR OR RACE black 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) widow

5a. If married, widowed, or divorced HUSBAND of Edmund Woods (or) WIFE of _____

6 DATE OF BIRTH (month, day and year) _____

7 AGE YEARS Months DAYS If LESS than 1 day, ...hra. or ...min. 96

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work housewife

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

(c) Name of employer _____

9 BIRTHPLACE (city or town) Mississippi (State or Country)

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or Country) _____

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or Country) _____

14 Informant Neal Woods (Address) M. C. Callahan Mrs. P. F. D.

15 Filed Jan. 5, 1928 Mrs. W. P. Muller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Apr. 14 - 1928

17. I HEREBY CERTIFY, That I attended the deceased from _____, 19____, to _____, 19____, that I last saw her alive on _____, 19____, and that death occurred on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

Old Age

..... (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 A. C. Lofton M. B. Miller
 _____ 19____ (Address) Quinton Miss

*State the Disease Causing Death, or in deaths from Violent Causes, 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 Newman Date of Burial 19

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.