

1 PLACE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

JUN 25 1926
County Mississippi
Vot. Pct. Inefficiency Registration District No. 566
Inc. Town Marionville Primary Registration District No. 5762
City _____ (No. _____) St. _____ Ward _____

2 FULL NAME Lela May Neely

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE Col 5 Single Chief
Married
Widowed
or Divorced
(Write the word)

16 DATE OF DEATH Apr 5, 1926
(Month) (Day) (Year)

6 DATE OF BIRTH Feb 23, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 15, 1925, to Apr 5, 1926, that I last saw her alive on 3/27, 1926, and that death occurred on the date stated above at 10 A.M.

7 AGE 4 yrs. 1 mos. 28 ds.
IF LESS than 1 day _____ hrs. or _____ min?

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

23 1/2 (Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

8 OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____

(Signed) J. Harris, M. D.
4/12, 1926. (Address) Hickman, Ky.

9 BIRTHPLACE (State or country) Tennessee

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

PARENTS

10 NAME OF FATHER Miloud Neely

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Lela May Chadwick

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ In the _____ State _____ yrs. _____ mos. _____ ds. Where was disease contracted, _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Miloud Neely (Address) Barren, Tennessee

if not at place of death? _____ Former or usual residence _____

15 Filed May 1st, 1926 678 Registrar

19 PLACE OF BURIAL OR REMOVAL Wt. Zion DATE OF BURIAL 4/7, 1926

20 UNDERTAKER Bonnett & Stokes ADDRESS Hickman

Exact statement of OCCUPATION is state CAUSE OF DEATH in plain terms, so that it may be properly classified. Very important. See instructions on back of certificate.

CERTIFICATE OF DEATH.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping Cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc.

need to be stated more important. Example *Measles* (disease causing death), 29ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning: Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

NOTE.—Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.