

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34958

1. PLACE OF DEATH

14 County Callaway
2 Township Fulton
7 City Fulton (No. 4)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 231 St. Ward)

2. FULL NAME

(a) Residence, No. Huntsville, Miss. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. 5 mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS	MONTHS	DAYS
<u>About 70</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
OCCUPATION <u>Laborer</u>		
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Randolph Co., Miss.</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>31</u>		
15. MAIDEN NAME <u>"</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>		
17. INFORMANT <u>Records of State Hospital #1</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Huntsville</u>	<u>Nov. 29, 1932</u>	
19. UNDERTAKER <u>Tom B. Patton</u>		
(ADDRESS) <u>Huntsville, Miss.</u>		
20. FILED <u>Nov. 28, 1932</u> <u>R. N. Crews</u>		
Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28, 1932

22. I, HEREBY CERTIFY, That I attended deceased from July 9, 1932, to Nov 28, 1932.
Last seen alive on Nov 27, 1932. Death is said to have occurred on the date stated above, at 3:20 A.M.
The principal cause of death and related causes of importance were as follows:

Atherosclerosis Date of onset 1917

Psychosis with mental deficiency (1)

Name of operation Date of
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

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) J. L. Laff , M. D.
(Address) Fulton, Miss.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

100