STANDARD CERTIFICATE OF DEATH  SEE DIST. NO. 19 PRIMARY SEG. DIST. NO. 1002 Registrar, No. 5582  1. PLACE OF DEATH  S. COUNTY  Jackson  b. CITY (If resulte corporate limits, retia BURAL and give, consension of the consension of	TIED 18M 04 1050	THE DIVISION OF HE			43768
L PLACE OF DEATH  a. COUNTY Jackson  Jackson  OR Manage City  d. FULL NAME OF or two to hospital or isotheticism, give some address or least both properties of the property of the common of the county of the coun	FILEU JAN 21 1930		ICATE OF DEATH	State File No	5500
B. COUNTY  Jackson  D. CITY (If outside companies Unitar, write RURAL and give township)  D. CITY (If outside companies Unitar, write RURAL and give township)  D. CITY (If outside companies Unitar, write RURAL and give township)  JACKSON  JACKSON  G. CITY (If outside companies Unitar, write RURAL and give township)  JACKSON  JACKSON  G. CITY (If outside companies Unitar, write RURAL and give township)  JACKSON  JACKSON  G. CITY (If outside companies Unitar, write RURAL and give township)  JACKSON  JACKSON  G. CITY (If outside companies Unitar, write RURAL and give township)  JACKSON  JACKSON  G. CITY (If outside companies Unitar, write RURAL and give township)  JACKSON	BIRTH NO.	REG. DIST. NO. 149	PRIMARY REG. DIST. NO	1002 Registrar's No.	3382
Section   Company   Comp	· · · · · · · · · · · · · · · · · · ·				
D. CITY (If coulded corporate limits, write RURAL and give of CR CONT (If coulded corporate limits, write RURAL and give township) of CR (If the lab bodies) or leadingtone, sive street address or location) (If the county) of CR (If the lab bodies) or leadingtone, sive street address or location) (If the county) (If t			Missour	i B. COONIT	
TOWN Kanage City  4. FULL NAME OF It soo in broghtal or inativules, give event address or lossiles)  5. FIRET ADDRESS  3. TOWN  Company of the soon in broghtal or inativules, give event address or lossiles)  6. FIRET ADDRESS  3. TOWN  Company of the soon in broghtal or inativules, give event address or lossiles)  6. FIRET ADDRESS  3. TOWN  Company of the soon of t	b. CITY (If outside corporate limits, write RURAL and give   C. LENGTH OF		c. CITY (If outside corporate ii	mits, write RURAL and give tow	nehlp)
d. FULL NAME OF ILL NAME OF IL	TOWN		()	City	1/282
NAME OF DECRASED   C. CLAST   C	d. FULL NAME OF (If not in hospital or institution, give street address or location)		d. STREET (II re		7700
3 NAME OF DECEASED (Type or Print)  James  S. SEX  S. SEX  S. SEX  Nagro  Nagro	HOSPITAL OR INSTITUTION General Hospital #2				<b>!</b> — -
Comparison   Dames   Comparison   Dames   Dames   Tall   Dames   Dam				4. DATE (Month)	(Day) (Year)
5. SEX   6. COLOR OR RACE   7. MARRIED NEVER NEVER MARRIED NEVER	_	C.	Patton	OF DEATH December	er 31.11909
Discussed Course of Provided Years of Provided Age of Provided	004400	E 1 7. MARRIED, NEVER MARRIED,		9. AGE (In years) IF DADE	R I YEAR   OF UNDER M HES.
13. SIGNAL OCCUPATION (Citerabled of two down and the control of working life, were if welled)   10. KIND OF BUSINESS OR IN. DUSTRY   13. MOTHER'S MADE   13. MOTHER'S MADE   13. MOTHER'S MADE   14. MANE OF HUSBAND OR WIFE   13. MOTHER'S MADE   14. MANE OF HUSBAND OR WIFE   13. MOTHER'S MADE   14. MANE OF HUSBAND OR WIFE   13. MOTHER'S MADE   14. MANE OF HUSBAND OR WIFE   13. MOTHER'S MADE   14. MANE OF HUSBAND OR WIFE   13. MOTHER'S MADE   14. MANE OF HUSBAND OR WIFE   13. MOTHER'S MADE   14. MANE OF HUSBAND OR WIFE   14. MANE OF HUSBAND OR WIFE   15. MADE OF MADE OF MADE   15. MADE OF MADE OF MADE OF MADE OF MADE   15. MADE OF	-36-3- 2-1		11 20 88	last birthday) Months	Days Hours Min.
DUSTRY   Jackson, Mississippi   U. S.				to country)	12. CITIZEN OF WHAT
13b. MOTHER'S MAME   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE	done during most of working life, even if retire				I COUNTRY?
Calvin Patton  Iaura Gooch  S. WAS DECEASED EVER IN U.S. ARMED FORCEST No. D. Or DEADLY NO. OF DEADL		12h marien's Milash	<del>^</del>		
5. WAS DECEASED EVER IN U. S. ARMED FORCES?  Y. No. or sunknown of the war or dates of sarvice of the war or dates of the dates or or or dates of the date of the dates or or or dates of the dates or or or dates of the dates or or dates or dates or or dates				_	. •
No N	Calvin Patton	D FORCES LIE SOCIAL SECURITY	TO INFORMANT'S SI		ADDRESS
Interest of Death   Inte	(Yee, no, or unknown) (If yee, give war or de	ites of service) NO.		•	
B. CAUSE OF DEATH Inter only onescause per inter for (a), (b), and (c)  *This does not mean he mode of dring, such shering, it to the obove cause (a) stating the sheart plane, such inter to compile on which caused death.  Morbid conditions, if any, giving DUE TO (b)  DIE TO (c)  II. OTHER SIGNIFICANT: CONDITIONS  ONATION  DUE TO (c)  III. OTHER SIGNIFICANT: CONDITIONS  ONATION  ONATION  DUE TO (c)  III. OTHER SIGNIFICANT: CONDITIONS  ONATION  (GOUNTY)  (STATE)  DIA 1. ACCIDENT  SUICIDE  HOMICIDE  III. TIME  (Month)  (Day)  (Year)  (Beeclify)  DIA 1. ACCIDENT  SUICIDE  HOMICIDE  III. TIME  (Month)  (Day)  (Year)  (Beeclify)  DIA 2. INJURY OCCURRED  WHILE AT MORK  WHILE AT WORK  III. HOW DID INJURY OCCUR?  ONATION  ONATIO				2302 0	
**This does not mean the mode of dying, such the above cause (a) stating the the above cause (a) stating the the above cause (a) stating the the underlying cause leaf.  DUE TO (b)  DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  To official the underlying cause leaf.  DUE TO (c)  DUE TO (c)  DUE TO (c)  Conditions contributing to the death but not related to the disease or condition causing death.  Hypertensive heart disease  Conditions contributing to the death but not related to the disease or condition causing death.  Hypertensive heart disease  Conditions contributing to the death but not related to the disease or condition causing death.  Hypertensive heart disease  Conditions contributing to the death but not related to the disease or condition causing death.  Hypertensive heart disease  Conditions contributing to the death but not related to the disease or condition causing death.  Hypertensive heart disease  Conditions contributing to the death but not related to the disease or condition causing death.  Hypertensive heart disease  Conditions contributing to the death but not related to the disease or condition causing death.  Hypertensive heart disease  Conditions contributing to the death but not related to the disease or condition causing death.  Hypertensive heart disease  Conditions contributing to the death but not related to the disease or condition causing death.  Hypertensive heart disease  Conditions contributing to the death but not related to the disease or condition causing death.  Hypertensive heart disease  Conditions contributing to the death but not related to the disease or condition causing death.  Hypertensive heart disease  Conditions contributing to the death but not related to the disease or condition causing death.  Hypertensive heart disease  Conditions contributing to the death but not related to the disease or condition causing death.  Hypertensive heart disease  Conditions contribut	II (B CALICE OF DEATH				
Morbid conditions, if any, giving DUE TO (b) Diabetes mellitus  wheat failure, authenia, frize. It means the dis- fract, injury, or compilea- from which caused death.  II. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease  19a. DATE OF OPERATION  Plan. ACCIDENT SUICIDE  Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease  19a. DATE OF OPERATION  21b. PLACE OF INJURY (e.g., in or about bome, larm, factory, etrest, office bidg., etc.)  19b. MAJOR FINDINGS OF OPERATION  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21d. TIME (Month) (Day) (Year) (Hour)  INJURY  22l. I hereby certify that I attended the deceased from 12-30, 1949, to 12-31, 1949, that I last saw the deceased alive on 12-31, 1949, and that death occurred at 6:55p m., from the causes and on the date stated above.  22a. SIGNATURE  22b. DATE  22c. DATE SIGNED  12c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county)  State)  12c. DATE SIGNED  12c. DATE SIGNED  12c. DATE SIGNED  12d. DATE RECO BY LOCAL  REGISTPARS SIGNATURE  25. FUNERAL DIRECTOR'S 1 GMATURE  26. DATE SIGNED  27. PARALLEL DIRECTOR'S 1 GMATURE  27. ACCIDENT  28. FUNERAL DIRECTOR'S 1 GMATURE  28. ACCIDENT  28. FUNERAL DIRECTOR'S 1 GMATURE  29. ACCIDENT  20. ALTORYTHME  20. AUTORYTHME  20. AUTORYTHME  21. ACCIDENT  21. HOW DID INJURY OCCURTOR  21. HOW DID INJURY OCCURTOR  22. ACCIDENT  24. LOCATION (City, town, or county)  25. FUNERAL DIRECTOR'S 1 GMATURE  26. FUNE	line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a) Diabetic acidosis				
Adopted conditions, if any, gisting DUE TO (b) 112DETES METITIES  as heart feliure, estheria, it is to the above cause (c) stating the underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease  19a. DATE OF OPERA-  TION 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT TION 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  21d. TIME (Month) (Day) (Year) (Hoar) 21e. INJURY OCCURRED WHILE AT WORK AT	ANTECEDENT CAUSES				
DUE TO (c)  DUE TO	the mode of dying, such Morbid conditions, if any, giving DUE TO (b) Diabetes mellitus				
DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition coursing death.  Plan. DATE OF OPERATION  Plan. ACIGIDE  HOMICIDE  HOMICIDE  110. PLACE OF INJURY (e.g., in or about SUCIDE HOMICIDE  1210. FLACE OF INJURY (e.g., in or about SUCIDE HOMICIDE  1211. ACIGIDE  HOMICIDE  1212. INJURY OCCURRED  OF  INJURY  1213. ACIGINE  AT WORK  1214. ACIGINE  AT WORK  1215. PLACE OF INJURY (e.g., in or about SUCIDE HOMICIDE  1216. INJURY OCCURRED  WHILE AT HOM WHILE AT WORK  1217. ACIGINE  WHILE AT HOM WHILE AT WORK  1218. ACIGINE  AT WORK  1219. I how DID INJURY OCCUR?  1229. I hereby certify that I attended the deceased from 12=30 , 19 1.9 , to 12=31 , 19 1.9 , that I last saw the deceased alive on 12=31 , 19 1.9 , and that death occurred at 6.555 m., from the causes and on the date stated above.  1229. SIGNIFIED  1230. AUTOPSY?  VES NO. NOT TOWNSHIP)  1240. HOW DID INJURY OCCUR?  1251. HOW DID INJURY OCCUR?  1252. I hereby certify that I attended the deceased from 12=30 , 19 1.9 , to 12=31 , 19 1.9 , that I last saw the deceased alive on 12=31 , 19 1.9 , and that death occurred at 6.555 m., from the causes and on the date stated above.  1231. SIGNIFIED  1240. DATE SIGNED  1240. DATE SIGNED  1250. DATE SIGNED  1260. EMBELS C. T. W. M. S. S. L. W. M. S. L. W. M. S. S. L. W. M. S. S. L. W. M. S. L. W. M. S. L. W. M. S.	as heart failure, asthenia, rise to the abort the underlying	e cause (a) stating cause last.			• • • •
County   C	sic. It means the ais-	the dis-			
19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE (Specify)  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP)  21c. (COUNTY)  (COUNTY)  (STATE)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21d. TIME (Month) (Day) (Year) (Hour)  (Day)  (Hour)  21e. INJURY OCCURRED WHILE AT WORK  21f. HOW DID INJURY OCCUR?  22f. How DID	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS				
20. AUTOPSYT TION  21a. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK 21f. HOW DID INJURY OCCUR?  22d. I hereby certify that I attended the deceased from 12-30 , 1949, to 12-31 , 1949, that I last saw the deceased alive on 12-31 , 1949, and that death occurred at 6:55p m., from the causes and on the date stated above.  22a. SIGNAPPRE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED 12-31-49  22a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State).  22b. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State).  23d. LOCATION (City, town, or county) (State).  24d. LOCATION (City, town, or county) (State).  25d. FUNCAL DIRECTOR'S I GMATURE ADDRESS 25d. FUNCAL DIRECTOR'S I GMATURE ADDRESS 25d. FUNCAL DIRECTOR'S I GMATURE ADDRESS 25d. ADDRESS 25d. ADDRESS 36d. ADDRE	Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease				
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HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  22d. Thereby certify that I attended the deceased from 12=30 , 1919, to 12=31 , 1919, that I last saw the deceased alive on 12=31 , 1919, and that death occurred at 6:55p m., from the causes and on the date stated above.  22a. SIGNATURE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   231-49    22a. BURIAL. CREMA-   24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. ADDRESS   25d. ADD	21a. ACCIDENT (Specify)		21c. (CITY, TOWN, OR TOWN	SHIP) (COUNTY)	
WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NORK NORK NORK NORK NORK NORK NORK N	HOMICIDE	Mome ' tet in' indepi à ' attent' ame perè " est'			<u> </u>
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23a. SIGNATURE  Rear Ellis (Degree or title)  23b. ADDRESS  24c. DATE SIGNED  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  25d. Lincoln Cemetery  24d. LOCATION (City, town, or county)  25d. Lincoln Cemetery  25d. LOCATION (City, town, or county)  25d. ADDRESS  26d. LOCATION (City, town, or county)  25d. ADDRESS  26d. LOCATION (City, town, or county)  25d. ADDRESS  26d. LOCATION (City, town, or county)  27d. LOCATION (City, town, or county)	alive on 12-21 19	I.O and that death occurred at	6.550 m., from the car	ises and on the date stat	ed above.
24a. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL () BU		ank Rill (Degree or title)	23b. ADDRESS		23c. DATE SIGNED
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TION, REMOVAL (Specify) Burial () Burial () DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  12:31-485 Shalling Holmes Watking Know - 1729 Suglia					
DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE 25. FUNERAL DIRECTOR'S DISMATURE ADDRESS 12.31485. Sulline Holmes Watking Knos - 1729 Lydia	TION, REMOVAL (Speedly)	1		ses City, Mi	ssout
12:31-49 O Shalling Holmes Watking Know - 1729 Lydia				BI GHATURE	
	RED TO ALL STORY				

## STATEMENT BY LICENSED EMBALMED

STATEME	11 DI LICENSED EMBALMER
I hereby certify that the body whose name is recorded	on the reverse side of this certificate was embalmed by me, or by
vorking under my personal supervision.	Student Embalmer No.
Student	Signed

·Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No.....

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.