

25-20842

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MISSISSIPPI STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Hinds State Miss Registration District No. 8 X 87 File No. _____
 Village Truchan Vol. Pct. Zandnum or Primary Registration Dist. No. _____ Reg. No. _____
 City Jackson (actual) No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Cecil Wylie Robbins Alford 416
 (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 8 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OF RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 6a If married, widowed, or divorced HUSBAND of May Baker or WIFE of _____
 6 DATE OF BIRTH (month, day and year) June 5th 1902
 7 AGE YEARS 23 MONTHS 5 DAYS 23 If LESS than 1 day, — hrs. or — min.
 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

16 DATE OF DEATH (Month, day and year) Nov 29th 1925
 17. I HEREBY CERTIFY, That I attended the deceased from 10/1/25, 19__, to 11/26/25, 19__, that I last saw him alive on 11/24/25, 19__ and that death occurred on the date stated above, at 100 The CAUSE OF DEATH* was as follows:
Tuberculosis (Pulmonary)
 (duration) 2 yrs. mos. da.
 CONTRIBUTORY Peritonitis (PB)
 (Secondary) (duration) 1 yrs. mos. da.

9 BIRTHPLACE (city or town) Hinds Co., Miss (State or county)
 10 NAME OF FATHER J. L. Alford
 11 BIRTHPLACE OF FATHER (city or town) Miss (State or county)
 12 MAIDEN NAME OF MOTHER Robbins
 13 BIRTHPLACE OF MOTHER (city or town) Hinds Co., Miss (State or county)
 14 Informant J. L. Alford
 (Address) Jackson, Miss

15 Where was disease contracted If not at place of death? _____
 Did an operation precede death? no Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? Toxicologic lab findings
 Signed J. S. Sparks, Jr. M.D. M. D.
11/30/25 (Address) Jackson Miss
 *State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accident, Suicidal, or Homicidal. (See reverse side for additional space.)

15 Filed 12-7-25 J. L. Alford REGISTRAR
 16 Place of Burial, Cremation or Removal Older Lawn Burial Co. Date of Burial 1/30 1925
 UNDERTAKERS WRIGHT & FERGUSON ADDRESS JACKSON

DEATH in plain terms, so that any supply may be properly classified. Exact statement of OCCUPATION 1 of AGE should be stated EXACTLY. PHYSICIANS should state CAU 7 Important. See instructions c ck of certificate.