1.	PLACE OF DEATH MISSISSIPPI STATE	E BOARD OF HEALTH 297	_
	Thomas)	. / 2/	9
	incide	Registered No.	<i></i>
	voting recinct	or Village	*********
	or City YOU I NOON	Tully Nackital	Ward
	(If death occurred in a hospital or institution, g	(1	
	Length of residence in city or town where death occurred?yrs FULL NAME TO U. Challe, Clfa		sds.
Z.		(Write or Print Name Plainly)	
	(a) Residence: No. And Sully M. (Usual place of abode)	(If nonresident give city or town and S	tate)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day and year) $2 - 2.0 -$	35
7	γ_{i} ℓ_{i} ℓ_{i} ℓ_{i} ℓ_{i} ℓ_{i} ℓ_{i} ℓ_{i} ℓ_{i}	22. I HEREBY CERTIFY, That I attended deceased from	<u>a_u</u>
7	Tall while Married	2-20, 1935 to 2-20	
IJĄ.	If married, widowed, or divorced HUSBAND of	I last saw him alive on 2 - 20 , 19 35. Deat	h is said
_	(WIFE of Jula Wrode	to have occurred on the date stated above, at	,
6, 1	DATE OF BIRTH (month, day, and year) 2 - 25 - 1869	The principal cause of death and related causes of importance in onget were as follows:	order o
7. /	Years Months Days If LESS than 1 day,hrs.	Shock timentic	OI 0036
	66 11 20 ormin.		
z	8. Trade, profession, or particular kind of work done, as spinner, Jamma sawyer, bookkeeper, etc.	Contributory causes of importance not related to principal	ه رها
NOL	sawyer, bookkeeper, etc	cause:	~ । ४ ४
4	work was done, as silk mill.	Fronting of who 4+ 7 diff; Patillo it	<u> </u>
5	saw mill, bank, etc		L
8	this occupation (month and spent in this year)	decition Continue of Abramolog	1
	BIRTHPLACE (city or town)	Name of operation (if any was done)	
	(State or country) Mice	What test confirmed diagnosis?	
3	13. NAME Pat alford	Was there an autopsy?	
FATHER	14. BIRTHPLACE (city or town)	23. If death was due to external causes (violence) fill in also	
•	(State or country) Miss	lowing: Accident, suicide, or homicide?	··········
5	15. MAIDEN NAME & mma white,	Date of injury 2	. 19
Ĕ	16. BIRTHPLACE (city or town)	Where did injury occur? Society or town, county, and State)	
Î	(State or country)	Specify whether injury occurred in industry, in home, or in pub	lic, place
	INFORMANT O C C C C C	Manner & injury Dagan Light & Pariel	lu 2
	(and Address) Charity Haspital	Manner of injury Translation, Contract of Injury Translation,	
16.	BURIAL GREMATION OF REMOVAL		•6
	Place no conse la pare 2/20. 1835	24. Was disease or injury in any way related to occupation of d	metersed i
19.	UNDERTAKER Halande Clura CO.	11 so, specify for hot to une no	
- - -	(and Address) udeanola, miss	(Signed)	., M. D.
	0 0 45 0 0	(Mary) Christy Hosp.	····
	FILED () 193 () Balleton		

IN RESERVED FOR BINDING SINK—THIS IS A PERMANENT RECORD. Every item of infor-N. B.—WRITE PLAINLY, WITH UNF.