

FILING DATE MAR 14 1988 STATE OF MISSISSIPPI STATE OF MISSISSIPPI

DECEASED 1 NAME LUCY DELMA ALFORD Female 2a HOUR OF DEATH 6:50 m 2b DATE OF DEATH (Month, Day, Year) Feb. 21 1988 4 RACE (Specify White, Black, American Indian, etc.) white 5a AGE AT LAST BIRTHDAY 79 Years 6 DATE OF BIRTH (Month, Day, Year) 7-24-08 7a COUNTY OF DEATH Hinds 7b CITY OR TOWN OF DEATH Jackson 7c HOSPITAL OR OTHER INSTITUTION - NAME AND NUMBER (If not in either, give street address, route number, or other location) St. Dominic-Jackson Memorial Hosp. (25S) 7d IF IN HOSP OR INST SPECIFY INPT. OUPT. EMER RM OR DOA In-patient 8 STATE OF BIRTH Mississippi 9 CITIZEN OF WHAT COUNTRY U.S.A. 10 MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) Married 11 SURVIVING SPOUSE (If wife, give maiden name) Gene Alford 12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No 13 ORIGIN OR DESCENT (Specify German, Cuban, Afro-American, Mexican, etc.) American 14 SOCIAL SECURITY NUMBER 587 729203 15a USUAL OCCUPATION (Kind of work done most of working life) domestic 15b KIND OF BUSINESS OR INDUSTRY domestic 16a RESIDENCE STATE Mississippi 16b COUNTY Rankin 16c CITY OR TOWN Pearl 16d INSIDE CITY LIMITS (Specify Yes or No) yes 16e STREET AND NUMBER OR RURAL LOCATION 204 King Drive

PARENTS 17 FATHER - NAME First Middle Last Joseph Lee Fulton 18 MOTHER - NAME First Middle Maiden Catherine Lela Robertson

INFORMANT 19a INFORMANT - NAME (Type or Print) Clariece Parker 19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 204 King Dr., Pearl, Ms. 39208

DISPOSITION 20a BURIAL, CREMATION, REMOVAL (Specify) Burial 20b CEMETERY, CREMATORY - NAME Spring Creek Cemetery, Philadelphia, Ms 20c LOCATION (City and State) Philadelphia, Ms 21a EMBALMER - SIGNATURE AND NUMBER H.B. Nowell, Jr #1048 21b FUNERAL HOME - NAME AND MISSISSIPPI I.D. NUMBER Nowell Funeral Home # 50N 21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 34, Philadelphia, Ms. 39350

PRONOUNCEMENT 22a PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) RICHARD W. NAEF MD 22b PRONOUNCED DEAD (Month, Day, Year) ON 2-21-88 22c PRONOUNCED DEAD (Hour, AT 6:50 A.m.

CERTIFIER 23a CERTIFIER - NAME (Type or print) RICHARD W. NAEF 23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 971 LAKELAND DR. JACKSON MS 39216 This section to be completed by physician if NOT a coroner or medical examiner 24a To the best of my knowledge, death occurred due to the causes stated SIGNATURE Richard W. Naef MD 24b DATE SIGNED (Month, Day, Year) 2-21-88 24c STATE LICENSE NUMBER 04156 24d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) This section to be completed by coroner or medical examiner ONLY 24e On the basis of examination and/or investigation, in my opinion death occurred due to the causes stated SIGNATURE 24f TITLE 24g DATE SIGNED (Month, Day, Year)

USE OF DEATH 25. PART I. DEATH CAUSED BY: (a) Cardiorespiratory arrest Interval between onset and death - 10- (b) Increased intracranial pressure Interval between onset and death - weeks (c) Ruptured intracranial aneurism on 1-22-88 Interval between onset and death - weeks? Conditions, if any, which gave rise to immediate cause stating the underlying cause last

26. PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) 27. AUTOPSY (Yes or No) NO 28. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes or No) NO Use if death NOT due to natural causes 29a ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 29b DATE OF INJURY (Month, Day, Year) 29c HOUR OF INJURY 29d DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED 29e INJURY AT WORK (Yes or No) 29f PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 29g LOCATION Street or route number City or town State