

MISSISSIPPI STATE BOARD OF HEALTH **19-13485** CERTIFICATE OF DEATH

Bureau of Vital Statistics

1 PLACE OF DEATH  
 County DeWitt State Miss. Registration District No. 13485  
 Village Vol. Pct. tract or Primary Registration Dist. No. Reg. No.  
 City No. St. Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Molly Smith  
 (a) Residence. No. St. Ward (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Smith

6 DATE OF BIRTH (month, day, and year) Dec 2 1847

7 AGE Years 72 Months  Days  If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9 BIRTHPLACE (city or town) (State or Country) La

PARENTS  
 10 NAME OF FATHER Adam Friedrich  
 11 BIRTHPLACE OF FATHER (city or town) (State or Country) do not know  
 12 MAIDEN NAME OF MOTHER do not know  
 13 BIRTHPLACE OF MOTHER (city or town) (State or Country) do not know

14 Informant Fred Smith  
 (Address) W. Huber Miss

15 Filed 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day, and year) Apr 8 1919

17. I HEREBY CERTIFY, That I attended the deceased from 191, to 191, that I last saw h. alive on, 191, and that death occurred on the date stated above, at 11 P.M. The CAUSE OF DEATH\* was as follows:

Died suddenly  
No suspicious ill  
Abundant  
 (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

19 (Address)

\*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation or Removal Hodges Chapel Date of Burial Apr 9 1919

20 UNDERTAKER W. H. McMillan ADDRESS

MARGIN RESERVED FOR BINDING.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.