

64-926M

STATE OF MISSISSIPPI

REGISTRAR'S NO.

1617

1. PLACE OF DEATH a. COUNTY Hinds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Miss. b. COUNTY Hinds	
b. CITY (If outside corporate limits, write RURAL.) OR TOWN Jackson	c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL.) OR TOWN 222-Shadowlawn- Jackson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital		d. IF RURAL GIVE LOCATION	
3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Carman b. (Middle) McAdoo c. (Last) Alford		4. DATE OF DEATH (Month) (Day) (Year) 12-18-55	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 7-29-1926
9. AGE (In years last birthday) 29		f UNDER 1 YEAR Months	f UNDER 10 MIN. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student- Fritz Beauty School		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jackson, Miss.
13. FATHER'S NAME Monte McAdoo		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Myrtle Knott	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. E. E. McDaniel	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound, chest		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tavern	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Highway 51 RD., Jackson, Hinds County, Mississippi
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 18, 1955 7 PM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Gunshot wounds

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:15pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. E. G. G. G. M.D.	23b. ADDRESS 720 E. Fortification Jackson, Miss.	23c. DATE SIGNED 12-21-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-21-55	24c. NAME OF CEMETERY OR CREMATORY Cedarlawn Cemetery
24d. LOCATION (City, town, or county) (State) Jackson, Miss.		

DATE REC'D BY LOCAL REG. Dec 24-55	REGISTRAR'S SIGNATURE Mrs. Mildred Gaynor	25. FUNERAL DIRECTOR Baldwin Funeral Home-Jackson, Miss.
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Gehre McAdoo

DECEASED

1. NAME: **Thomas Drayton Alford** Male
 2a. SEX: **Male**
 3a. HOUR OF DEATH: **10:58A m**
 3b. DATE OF DEATH (Month, Day, Year): **January 6, 1987**

4. RACE (Specify White, Black, American Indian, etc.): **white**
 5a. AGE AT LAST BIRTHDAY: **70 Years**
 ONLY IF UNDER 1 YEAR: 5a. MOS, 5c. DAYS, 5d. HOURS, 5e. MINS
 6. DATE OF BIRTH (Month, Day, Year): **July 20, 1916**
 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): **VA Medical Center (25V)**
 7d. IF IN HOSP. OR INST. SPECIFY (INPT., OUTPT., EMER. RM., OR DOA): **Inpt**

8. STATE OF BIRTH: **Mississippi**
 9. CITIZEN OF WHAT COUNTRY: **USA**
 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **Divorced**
 11. SURVIVING SPOUSE (If wife, give maiden name)
 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): **yes**

13. ORIGIN OR DESCENT (Specify German, Cuban, Afro-American, Mexican, etc.): **American**
 14. SOCIAL SECURITY NUMBER: **427 07 2433**
 15a. USUAL OCCUPATION (Kind of work done most of working life): **Bodyman**
 15b. KIND OF BUSINESS OR INDUSTRY: **Auto Shop**

16a. RESIDENCE-STATE: **Mississippi**
 16b. COUNTY: **Hinds**
 16c. CITY OR TOWN: **Jackson**
 16d. INSIDE CITY LIMITS (Specify Yes or No): **yes**
 16e. STREET AND NUMBER OR RURAL LOCATION: **162 Heloise St.**

PARENTS

17. FATHER - NAME: **John Everett Alford**
 18. MOTHER - NAME: **Helen Buchanan**

INFORMANT

19a. INFORMANT - NAME (Type or Print): **Mrs. Nancy Breland**
 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **102 Pine Hill Cove, Pearl, MS 39208**

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify): **Burial**
 20b. CEMETERY, CREMATORY - NAME: **New Hope Christian Church Cemetery**
 20c. LOCATION (City and State): **Coila, MS**
 21a. FUNERAL HOME - NAME AND MISSISSIPPI I.D. NUMBER: **Wright & Ferguson 25W**
 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **P. O. Box 409, Jackson, MS 39205**

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print): **Henry Chris Waterer, M.D.**
 22b. PRONOUNCED DEAD (Month, Day, Year): **on January 6, 1987**
 22c. PRONOUNCED DEAD (Hour): **AT 10:58 A.m.**

CERTIFIER

23a. CERTIFIER - NAME (Type or print): **BERNARD J. DREILING, M.D.**
 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **1500 E. Woodrow Wilson Drive, 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: *Bernard J. Dreiling*
 24b. DATE SIGNED (Month, Day, Year): **January 20, 1987**
 24c. STATE LICENSE NUMBER: **28581**
 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) **Myocardial Infarction** Interval between onset and death: **2 days**

(b) **Coronary Artery Disease** Interval between onset and death: **years**

(c) **Pneumonia** Interval between onset and death: **1 week**

26. PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): **Emphysema**

27. AUTOPSY (Yes or No): **Yes**
 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:

Death occurred in an institution, see HANDBOOK regarding completion of RESIDENCE items.

For RESIDENCE items, enter actual location of home rather than mailing address

Mississippi State Board of Health
 Form No 811
 Revised 5-1-82

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

Husband: **Thomas Drayton Alford** #491 died at age: 70

Born: Jul 20 1916 in:
 Baptized: in:
 Died: Jan 6 1987 in: Carroll Co., MS
 Buried: in: New Hope Cem., Carroll Co., MS
 Other: in:
 Ref: Occupation:
 Father: John Everett Alford #227
 Mother: Helen Buchanan #229

WHERE DID MARRIAGE TO DAMAH ROTH COME FROM. BK DOES NOT HAVE MARRIAGE RECORDS FOR CHRISTINE COOK BRADLEY AND LAVERNE W. WALTHAM CLIBURN

Wife: **Carmen Juliet McAdoo** #645 died at age: 29
 Married: in:
 Ceremony: Divorced/Annulled/Separated: Year:

Born: Jul 29 1926 in:
 Baptized: in:
 Died: Dec 18 1955 in: Hinds Co. MS
 Buried: in: Cedarlawn Cem., Jackson Co. MS
 Other: in:
 Ref: Occupation:
 Father: Monte McAdoo #724
 Mother: Myrtle Knott #725

1 M Tommy Alford #646	Born: Died: Buried:
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2 F Nancy Alford #647	Born: Died: Buried:
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Wife: **Damah Roth** #648
 Married: in:
 Ceremony: Divorced/Annulled/Separated: Year:

Born: in:
 Baptized: in:
 Died: in:
 Buried: in:
 Other: in:
 Ref: Occupation:
 Father:
 Mother:

1 M Timothy Alford #649	Born: Died: Buried:
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AAFADATA - Table Records

F	BK_NR	WEBREF	FAMILY				FLAG	REF	NAME			
	491		JOH801GA					THO916MS01	THOMAS D.			
SURNAME	SFX	Q	E	X	NDOB	NBP	NDOD	NDP	AGE	CEMETERY	BUP	
ALFORD					19160720	MS	19870106	MS HIND		NEW HOPE C	MS CARR	
SPOUSE		S	DOM	WP	SDOB	SBP	SDOD	SDP				
MCADOO, CARMAN JULIET		1	19420215	MS HIND	19260729	MS ??	19551218	MS HI				
FATHER	MOTHER				PARREF	SSN	NLAST_RES					
ALFORD, JOHN EVERETT	BUCHANNON, HELEN					427-07-2433						
SSSN	SLAST_RES	EVENT			LOCATIONS			WORK	SOURCE			
					MS MS				SSDI R 27/431			
DEATH_SOUR	REMARKS											
	his father of Greenwood: her father Monte McAdoo											
COMMENTS	CENSUS	C	BIGSOURCE	OBIT	SOBIT	BOOK	RID					
							022508					

AAFADATA - Table Records

F	BK_NR	WEBREF	FAMILY				FLAG	REF	NAME			
	491		JOH801GA					THO916MS02	THOMAS D.			
SURNAME	SFX	Q	E	X	NDOB	NBP	NDOD	NDP	AGE	CEMETERY	BUP	
ALFORD					19160720	MS	19870106	MS HIND		NEW HOPE C	MS CARR	
SPOUSE		S	DOM	WP	SDOB	SBP	SDOD	SDP				
CLIBURN, LAVERNE W.		2	19600614	MS HIND	19290718							
FATHER	MOTHER				PARREF	SSN	NLAST_RES					
ALFORD, JOHN EVERETT	BUCHANNON, HELEN					427-07-2433						
SSSN	SLAST_RES	EVENT			LOCATIONS			WORK	SOURCE			
					MS MS				R 59/507			
DEATH_SOUR	REMARKS											
	d/o Jack T. Waltham & Eula Mae Benson											
COMMENTS	CENSUS	C	BIGSOURCE	OBIT	SOBIT	BOOK	RID					
							029798					

AAFADATA - Table Records

F	BK_NR	WEBREF	FAMILY				FLAG	REF	NAME			
	491		JOH801GA					THO916MS03	THOMAS D., SR.			
SURNAME	SFX	Q	E	X	NDOB	NBP	NDOD	NDP	AGE	CEMETERY	BUP	
ALFORD					19160720	MS	19870106	MS HIND		NEW HOPE C	MS CARR	
SPOUSE		S	DOM	WP	SDOB	SBP	SDOD	SDP				
BRADLEY, CHRISTINE C.		3	19740614	MS HIND	19210201							
FATHER	MOTHER				PARREF	SSN	NLAST_RES					
ALFORD, JOHN EVERETT	BUCHANNON, HELEN					427-07-2433						
SSSN	SLAST_RES	EVENT			LOCATIONS			WORK	SOURCE			
					MS MS				R 92/545			
DEATH_SOUR	REMARKS											
	d/o James David Cook & Lula Mae Clay: her middle name = Cook											
COMMENTS	CENSUS	C	BIGSOURCE	OBIT	SOBIT	BOOK	RID					
							029820					