

1 PLACE OF DEATH

STATE OF MISSISSIPPI

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

County Andry
Vot. Pct. White
Inc. Town
or
Village
or
CityRegistration District No. 299 File No. _____
Primary Registration District No. 8473 Registered No. 151
(No. _____ St. _____ Ward)

If death occurred in a hospital or institution give its NAME instead of street and number.

2 FULL NAME Miss Annie Alford

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR or RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)6 DATE OF BIRTH _____, 1896
Month _____ Day _____ Year _____7 AGE 19 yrs. _____ mos. _____ ds. If LESS than 1 day _____ hrs. or _____ min.8 OCCUPATION (a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed. (or employer)9 BIRTHPLACE (State or Country) Miss10 NAME OF FATHER W. B. Alford11 BIRTHPLACE OF FATHER (State or Country) Miss12 MAIDEN NAME OF MOTHER Miss Belle Land13 BIRTHPLACE OF MOTHER (State or Country) Miss14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. W. Alford

(Address) _____

15 Filed New 1016 - W. W. Alford16 DATE OF DEATH June 9, 1916
Month _____ Day _____ Year _____17 I HEREBY CERTIFY, That I attended the deceased from June 4, 1916, to June 8, 1916, that I last saw her alive on June 8, 1916, and that death occurred on the date stated above, at 7 A. m.
The CAUSE OF DEATH * was as follows:PneumoniaContributory Tuberculosis
SECONDARY Duration 2 yrs. _____ mos. _____ ds.Signed W. W. Hall, M. D.
June 9, 1916 Address Christen

*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At Place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?

For _____ usual residence

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL June 9, 1916
ADDRESS Christen

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.

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