

STATE OF MISSISSIPPI  
**CERTIFICATE OF DEATH**

STATE FILE NO. 12604

BIRTH NO.		STATE OF MISSISSIPPI		REGISTRAR'S NO. <u>1040</u>	
1. PLACE OF DEATH a. COUNTY <u>Hinds</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Miss</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, write RURAL.) OR TOWN <u>Jackson</u>		c. LENGTH OF STAY (In this place) <u>63 days</u>	c. CITY (If outside corporate limits, write RURAL.) OR TOWN <u>Forest, (Outside)</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet Adm Center, Jackson, Miss.</u>			d. IF RURAL GIVE LOCATION <u>Route 2</u>		
3. NAME OF DECEASED (Type or Print) <u>Arie</u>		a. (First)	b. (Middle) <u>H.</u>	c. (Last) <u>Alford</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 12 53</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-17-96</u>	9. AGE (In years last birthday) <u>57</u>	F UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Pulaski, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Jim T. Alford</u>			14. MOTHER'S MAIDEN NAME <u>Ella Rhodes</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or dates of service) <u>WW I</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Vet Adm Center Hospital Records</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism, right.</u>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombophlebitis of lower leg.</u> DUE TO (c) <u>Diffuse abdominal carcinomatosis.</u>				<u>157X</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of pancreas.</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-10</u> , 19 <u>53</u> , to <u>8-12</u> , 19 <u>53</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. F. Ferrington</u> ELIZABETH FERRINGTON, M.D. Pathologist VA Center, Jackson, Miss.			(Degree or title)	23b. ADDRESS	23c. DATE SIGNED <u>8-12-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8/13/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Homewood</u>	24d. LOCATION (City, town, or county) (State) <u>Scott Co. Miss</u>		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>Mrs. Mildred Gaynor</u>		25. FUNERAL DIRECTOR <u>Att. Lee</u>	ADDRESS <u>Forest Miss.</u>	