

DEPARTMENT OF HEALTH,  
EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICECERTIFICATE OF DEATH  
STATE OF MISSISSIPPISTATE  
FILE NO.

8198

REGISTRAR'S NO.

786

BIRTH NO.		REGISTRAR'S NO. 786	
1. PLACE OF DEATH a. COUNTY Hinds		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Miss. Hinds	
b. CITY, TOWN, OR LOCATION Jackson		c. CITY, TOWN, OR LOCATION Jackson	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Community Hospital		d. STREET ADDRESS 964 Summer St.	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Arthur Alford		4. DATE OF DEATH Month Day Year 4/29/60	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 1, 1891
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sawmill	
100. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Miss.	
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME William Alford		14. MOTHER'S MAIDEN NAME Necie Gentry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. yes	
17. INFORMANT Mrs. Arthur Alford		Address Jackson, Miss. 964 Sumer St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH LTPD
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. M. p. M.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Nov. 1957 to April 1960 and last saw him alive on 4-29-60 Death occurred at 9:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William S. Davis M.D.		22b. ADDRESS Jackson Miss	
22c. DATE SIGNED 5/11/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/3/60	
23c. NAME OF CEMETERY OR CREMATORY Lakewood		23d. LOCATION (City, town, or county) (Specify) Hinds Co. Miss.	
24. FUNERAL DIRECTOR Ott & Lee, Forest, Miss. Funeral Home		25. DATE RECD. BY LOCAL REG. May 17-1960	
26. REGISTRAR'S SIGNATURE Mrs. Mildred Gayner			

MEDICAL CERTIFICATION