

CERTIFICATE OF DEATH

STATE FILE NUMBER **123-79-5917** 17

FOR
1. STATE
REGISTRAR

REGISTRAR'S
NUMBER

DECEASED

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

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

1. DECEASED NAME First: GRACE Middle: Last: Alford			2. SEX Female	3. DATE OF DEATH (Year) Oct. 8, 1979
4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 56 Years	6. DATE OF BIRTH (Month, Day, Year) Feb. 20, 1923	
7b. CITY OR TOWN OF DEATH JACKSON		7c. HOSPITAL OR OTHER INSTITUTION (Name (if not in center, give street address, route number, or other location)) BAPTIST MEDICAL CENTER		7d. IF IN HOSP OR INST. SPECIFY INPT., OUTPT., EMER. RM., OR DOA INPT.
8. STATE OF BIRTH MS.	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) Luther W. Alford	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)
13. ORIGIN OR DESCENT (Specify German, Cuban, Afro-American, Mexican, etc.) AMERICAN		14. SOCIAL SECURITY NUMBER 000-58-0936	15a. USUAL OCCUPATION (Kind of work done (most of working life)) Home maker	15b. KIND OF BUSINESS OR INDUSTRY
16a. RESIDENCE - STATE MS.		16b. COUNTY PIKE	16c. CITY OR TOWN Magnolia	16d. INSIDE CITY LIMITS (Specify Yes or No) NO
		16e. STREET AND NUMBER OR RURAL LOCATION Rt. 4		

PARENTS

17. FATHER - NAME First: C.W. Middle: Last: FORTENBERRY	18. MOTHER - NAME First: NETTIE Middle: B. Maiden: Dunaway
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INFORMANT

19a. INFORMANT - NAME (Type or print) MR. L.W. Alford	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) Rt. 4, Magnolia, MS, 39652
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY - NAME Magnolia	20c. LOCATION (City and State) Magnolia, MS	21a. EMBALMER - SIGNATURE AND NUMBER Jewell Lee Smith 1193
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21b. FUNERAL HOME - NAME Cornings Funeral Home	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 987 McComb, MS, 39648
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CERTIFIER

22a. CERTIFIER - NAME (Type or print) DR. ROBERT C. FORBES	22b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4660 MCWILLIE DRIVE, JACKSON MS 3926
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Mississippi State Board of Health
Form No. 511
Revised 1-1-78

This section to be completed by physician if NOT a coroner or medical examiner	23a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause stated. SIGNATURE R. Forbes MD	This section to be completed by coroner or medical examiner ONLY	24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the causes stated.		
	23b. DATE SIGNED (Month, Day, Year) Oct. 8 / 79		23c. HOUR OF DEATH 7:45 AM	24b. DATE SIGNED (Month, Day, Year)	24c. HOUR OF DEATH
	23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) DM PHILLIPS		24d. PRONOUNCED DEAD (Month, Day, Year) ON	24e. PRONOUNCED DEAD (Hour) AT	

CAUSE OF DEATH

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

25. PART I: DEATH CAUSED BY:	IMMEDIATE CAUSE (Enter one cause only) (a) METASTATIC CARCINOMA OF BREAST		Interval between onset and death 4 YRS
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b)		Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)		Interval between onset and death

26. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I(a)				27. AUTOPSY (Yes or No) NO	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

REGISTRAR

30a. REGISTRAR SIGNATURE Michael Hazel Speed	30b. DATE CERTIFICATE RECEIVED (Month, Day, Year) Oct 12, 1979
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