

COPIES RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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.

MISSISSIPPI STATE BOARD OF HEALTH CERTIFICATE OF DEATH

Bureau of Vital Statistics

1 PLACE OF DEATH Jeff Davis County Miss State Miss Registration District No. 8633 File No. 9322
Village Carson Vol. Pct. _____ or Primary Registration Dist. No. _____ Reg. No. 8
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Ruth Atlas
(a) Residence, No. _____ St. _____ Ward _____
(if rural place of abode) (if nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Female COLOR OR HAIR Black SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Single
4 MARRIED, WIDOWED, or DIVORCED HUSBAND of _____ or WIFE of _____

5 DATE OF BIRTH (month, day, and year) May 4 1921
7 AGE Years 1 Months 3 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town, State or Country) Carson

10 NAME OF FATHER Will Atlas

11 BIRTHPLACE OF FATHER (city or town, State or Country) Tex

12 MARRIAGE NAME OF MOTHER Bessie Webb

13 BIRTHPLACE OF MOTHER (city or town, State or Country) Ala

14 Informant Will Atlas
(Address) Carson Miss

15 Filed 6/24 22 Clarence Willoughby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1922

17 I HEREBY CERTIFY, That I attended the deceased from June 12, 1922, to June 23, 1922, that I last saw her alive on June 23, 1922, and that death occurred on the date stated above, at 7 P.M. The CAUSE OF DEATH* was as follows:

Poison by drugs (accidental)

(duration) _____ mos. _____ ds.

18 CONTRIBUTORY Acute Nephritis
(secondary)

(duration) _____ yrs. _____ mos. 5 ds.

19 Where was disease contracted _____

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? no

Physician J. J. Murray M. D.

6-23-22 (Address) Carson Miss

20 State the Disease Causing Death, or if due to Trauma, state (1) Means and Nature of Injury, (2) Whether Accidental, Suicidal, or Homicidal, (3) How ascertained (4) Additional notes

21 Place of Burial, Cremation or Removal Taylor Cem Date of Burial 6/24 1922

22 Name and Address of Undertaker J. W. Miles Carson Miss