

N. B.—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.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH					STATE OF TENNESSEE	
County					STATE DEPARTMENT OF HEALTH	
Civil Dis.					Division of Vital Statistics	
or					CERTIFICATE OF DEATH	
Village					Registration District No.	
or					Primary Registration District No.	
City					(No. Baptist Hospital) St.;	
(If death occurred in a hospital or institution, give its NAME instead of street and number)					Ward) If a War Veteran, fill out blank below.	
Length of residence in city or town where death occurred.....yrs.....mos.....ds.					Reg. No. 3701	
2. FULL NAME Mrs. J. M. RICHARDSON					(Give War and Military Organization)	
(a) Residence: No.					St. Ward. McGhee, Miss	
(Usual place of abode)					(If nonresident give city or town and State)	
3. SEX					21. DATE OF DEATH (month, day, and year) 10-14, 19 37	
Female					22. I HEREBY CERTIFY, That I attended deceased from 10-1	
4. COLOR OR RACE					19. 37 to 10-14, 19 37	
White					I last saw her alive on 10-14, 19 37, death is said	
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)					to have occurred on the date stated above, 7:12 A. m.	
Married					The principal cause of death and related causes of importance in order of onset were as follows:	
5a. If married, widowed, or divorced					(1) Carcinoma of cervix with metastasis to vagina and left hip also lumbar spine	
HUSBAND of					(2) Terminal Broncho pneumonia bilateral	
(or) WIFE of J. M. Richardson					Contributory causes of importance not related to principal cause:	
6. DATE OF BIRTH (month, day, and year)					Name of operation	
7. AGE					Date of	
Years Months Days If LESS than 1 day,hrs. of.....min.					What test confirmed diagnosis?	
72					Was there an autopsy? No	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					23. If death was due to external causes (violence) fill in also the following:	
Housekeeper					Accident, suicide, or homicide?	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					Date of injury	
10. Date deceased last worked at this occupation (month and year)					Where did injury occur?	
11. Total time (years) spent in this occupation					(Specify city or town, county, and State)	
12. BIRTHPLACE (city or town) Miss					Specify whether injury occurred in industry, in home, or in public place.	
(State or country)					Manner of injury	
How long in U. S. if of foreign birth?					Nature of injury	
13. NAME Samson Ander					24. Was disease or injury in any way related to occupation of deceased?	
14. BIRTHPLACE (city or town) ? Bowen					If so, specify	
(State or country)					(Signed) M. L. Evans,	
15. MAIDEN NAME Nancy McCarty					(Address) Baptist Hospital	
16. BIRTHPLACE (city or town) Miss					M. D.	
(State or country)					M. D.	
17. INFORMANT Mrs. E. Flynt					M. D.	
(Address) Gulfport, Miss					M. D.	
18. BURIAL, CREMATION, OR REMOVAL Place. Sharon Cem. Date. 10-15, 19 37					M. D.	
19. UNDERTAKER Brantley Funeral Home					M. D.	
(Address) Olive Branch, Miss					M. D.	
20. FILED 10-14, 19 37					M. D.	
Registrar.					M. D.	

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COPY

NON RESIDENT

No. 3854

Reg. No. 3701