

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

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VITAL RECORDS

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

STATE FILE NO. **19628**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **137**

1. PLACE OF DEATH & COUNTY Lumbard		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE Mississippi b. COUNTY Noxubee	
3. CITY OR TOWN (If outside corporate limits, give RURAL) Columbus	4. LENGTH OF STAY (in days) 25 days	5. CITY OR TOWN (If outside corporate limits, give RURAL) Macan	
4. FULL NAME OF HOSPITAL OR INSTITUTION Columbus Hospital		6. IF RURAL GIVE LOCATION	
7. NAME OF DECEASED a. (First) Rebecca b. (Middle) Powell c. (Last) 300		4. DATE OF DEATH (Month) (Day) (Year) 12-4-50	
8. SEX Female	9. COLOR OR RACE White	10. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED Widowed	11. DATE OF BIRTH October 30, 1881
10a. USUAL OCCUPATION (Give kind of work) Work - Housekeeper Klaus & Co. Wash.		11. BIRTHPLACE (State or foreign country) Sharkey County, Mississippi	
13. FATHER'S NAME Hunter Johnson Powell		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or date of service)		16. SOCIAL SECURITY NO. 41551-3288	
17. INFORMANT Rebecca Patty		18. CAUSE OF DEATH (Enter only one cause per Part for (a), (b), and (c)) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach 2. ANTECEDENT CAUSES 3. Other conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 4. DUE TO (b) 5. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 6. MAJOR FINDINGS OF OPERATION Large carcinoma stomach, Carcinoma of Colon, metastasis, end.	
19. DATE OF OPERATION 1-15-51		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SLICED HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Home	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 12-4-50		21d. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the decedent from 1922 to 1950 , that I last saw the decedent alive on 12-4-50 , and that death occurred at 12:30 pm , from the causes and on the date stated above.	
23a. SIGNATURE F. E. Thompson Jr.		23b. ADDRESS Columbus Miss	
23c. DATE SIGNED 12-22-50		24. LOCATION (City, town, or precinct) (State) Macan, Miss	
24a. DATE 12/5/50		24b. NAME OF CEMETERY OR CREMATORY Old Pecan	
24c. REGISTRAR'S SIGNATURE F. A. Wright		24d. FUNERAL DIRECTOR F. A. Wright & Co. Mortuary	
DATE RECD BY LOCAL REGISTRAR 12-22-50		ADDRESS Macan, Miss	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE.

F. E. Thompson Jr. M.D.
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Sauter
Nita Cox Sauter
STATE REGISTRAR

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