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DEPARTMENT OF PUBLIC HEALTH

**CERTIFICATE OF DEATH**

DIVISION OF VITAL STATISTICS

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

54-24445

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN IN ATTENDANCE, HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD) MUST COMPLETE MEDICAL CERTIFICATION. SIGNATURE OF DELEGATE

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| 1. NAME<br><b>Dora Blakney Jounce</b>  |  |  | 2. DATE OF DEATH<br><b>10-5-54</b>   |   |   |
| 3. COLOR OR RACE<br><b>white</b>   |  |  | 4. SEX<br><b>female</b>  | 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)<br><b>widowed</b>   |   |
| 6. DATE OF BIRTH<br><b>1-21-1883</b>   |  | 7. AGE (IN YEARS LAST BIRTHDAY)<br><b>71</b>   | IF UNDER 1 YR.<br>MONTHS DAYS  | IF UNDER 24 HRS.<br>HOURS MINS.   |   |
| 8. PLACE OF DEATH<br>A. COUNTY <b>Hardin</b><br>C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)<br><b>Counce</b>   |  |  | B. CIVIL DISTRICT<br><b>6</b><br>D. LENGTH OF STAY IN THIS PLACE<br><b>9 weeks</b> | 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)<br>A. STATE <b>Miss.</b> B. COUNTY <b>Tishomingo</b><br>D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)<br><b>Rural</b> |   |
| E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location)   |  |  | E. STREET (IF RURAL, GIVE LOCATION) ADDRESS<br><b>3 miles N. Burnsville, Miss.</b> |   |   |
| 10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)<br><b>House work Domestic</b>  |  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>-</b>  |  | 11. SOCIAL SECURITY NUMBER<br><b>none</b>   |   |
| 12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN<br><b>no</b>   |  | 13. BIRTHPLACE (State or Foreign Country)<br><b>Miss.</b>                            | 14. CITIZEN OF WHAT COUNTRY?   |   |   |
| 15. FATHER'S NAME<br><b>Thomas Blakney</b>   |  | 16. MOTHER'S MAIDEN NAME<br><b>Callie Young</b>                                      | 17. INFORMANT<br><b>Mrs. J.C. Counce, Counce, Tenn.</b>                            |   | ADDRESS   |
| 18. CAUSE OF DEATH<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br>ANTECEDENT CAUSES<br>MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.<br>2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 yrs</b>  |
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20A. AUTOPSY<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20B. FINDINGS AT AUTOPSY<br><b>RECEIVED</b>   |
| 21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)   |  | 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Build'g, etc.) | 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE<br><b>DEC-8-1954</b>         |   | 21D. TIME OF INJURY MONTH DAY YEAR HOUR   |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21F. HOW DID INJURY OCCUR?   |  |   | 22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE |
| SIGNATURE<br><b>Leroy B. Brackstone</b>  |  | M.D. (SPECIFY) <input checked="" type="checkbox"/>                                   | ADDRESS<br><b>Counce, Miss</b>   |   | DATE<br><b>7 Nov 54</b>   |
| 23A. BURIAL, CREMATION, REMOVAL (SPECIFY)<br><b>Burial</b>   | 23B. DATE OF BURIAL, CREMATION, OR REMOVAL<br><b>10-6-54</b> | 23C. NAME OF Cemetery or Crematory<br><b>Fair view</b>                               | 23D. LOCATION CITY, TOWN OR COUNTY STATE<br><b>12 Mi. N. Tuka, Miss</b>            |   |   |
| 24. FUNERAL DIRECTOR<br><b>Cutshall Funeral</b>  |  | ADDRESS<br><b>Tuka, Miss.</b>  | 25. REGISTRATION DIST. NO.<br><b>45606</b>   | 26. DATE SIGNED BY LOCAL REG.<br><b>11-13-54</b>  | 27. REGISTRAR'S SIGNATURE<br><b>Chalmer P. Dejean</b>                                   |

CAUSE OF DEATH. ONE FOR DOES OF AS AB. IT EASE, IMPLI- WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.