

MISSISSIPPI STATE BOARD OF HEALTH STATE 4719
Bureau of Vital Statistics
PLACE OF DEATH
County Lauderdale State Miss Registration District No. 477 File No. 2354
Village Meridian or Primary Registration Dist. No. 142 Reg. No. 142
City Meridian No. 903 Braxton Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME James S. Poythress
(a) Residence. No. 903. Braxton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and state.)
Date 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.					MEDICAL CERTIFICATE OF DEATH	
SEX <u>M</u>	COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) <u>Widower</u>			16 DATE OF DEATH (Month, day and year) <u>Mar 17th.</u> 19 <u>23</u>	
14 If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Widower</u>			17. I HEREBY CERTIFY That I attended the deceased from <u>3/8</u> , 19 <u>23</u> , to <u>3/17</u> , 19 <u>23</u> that I last saw him alive on <u>3/16</u> , 19 <u>23</u> and that death occurred on the date stated above, at <u>2</u> m. The CAUSE OF DEATH* was as follows: <u>Influenza of Bronchial Pneumonia</u>			
13 DATE OF BIRTH (month, day and year) <u>Sep, 24, 1829</u>			18 Where was disease contracted if not at place of death? <u>Meridian, Miss</u>			
AGE <u>93</u>	YEARS <u>5</u>	Months <u>21</u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.		Did an operation precede death? <u>no</u> Date of <u> </u>	
12 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer			Was there an autopsy? <u>no</u>			
11 BIRTHPLACE (city or town) (State or country) <u>Va.</u>			What test confirmed diagnosis? <u>Cholera</u>			
10 NAME OF FATHER <u>Nathan, Poythress</u>			Signed <u> </u> M. D. <u>3/17</u> 19 <u>23</u> (Address) <u>Meridian, Miss</u>			
9 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Va.</u>			*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accident, Suicidal, or Homicidal. (See reverse side for additional space.)			
8 MAIDEN NAME OF MOTHER <u>could not obtain</u>			19 Place of Burial, Cremation or Removal <u>Rose Hill</u> Date of Burial <u>Mar 18th</u> 19 <u>23</u>			
7 BIRTHPLACE OF MOTHER (City or town) (State or Country) <u> </u>			20 UNDERTAKER <u>Jas F. Webb.</u> ADDRESS <u>City</u>			
6 Informant <u>Carl, Poythress.</u> (Address) <u>Meridian, Miss.</u>						
5 <u>4-4</u> 19 <u>23</u> <u>E. L. K.</u> REGISTRAR						

M J. Lowry

CERTIFIED COPY OF RECORD OF DEATH

I, Alton B. Cobb, M.D., State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the death record of the person named therein, the original being on file in this office.

Given at Jackson, Mississippi, over my signature and under the official seal of my office, this the 1st day of September, 1977.

Alton B. Cobb

Alton B. Cobb, M.D., State Registrar