

MISSISSIPPI STATE BOARD OF HEALTH
Bureau of Vital Statistics

18-10579

10579

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jefferson State Miss. Registration District No. 297 File No. 10579
 Village None or Primary Registration Dist. No. 222 Reg. No. 371
 City Gastonia No. Babcock Hospital St. Ward
 (if death occurred in a hospital) Institution, give its NAME instead of street and number

2 FULL NAME Joseph Dotson Read St. Ward
 (a) Residence. No. 1915 West St. Ward
 Length of residence in city or town where death occurred 6 yrs.

3 SEX Male 4 COLOR OR RACE White 5 MARRIED, WIDOWED or DIVORCED (write the word)

6 DATE OF BIRTH 7/25/1894 Months 8 Days 8
 7 AGE 45 Years 8 Months 8 Days 8
 (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

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) Edwards, Miss.

10 NAME OF FATHER Wm Read

11 BIRTHPLACE OF FATHER (city or town, State or country)

12 MAIDEN NAME OF MOTHER Mariah Soto

13 BIRTHPLACE OF MOTHER (city or town, State or country)

14 Informant Josephine Thomas (Address) 1915 West St. Ward

15 Filed May 4 19 1919 H. T. Wagner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1919

17. I HEREBY CERTIFY, That I attended the deceased from 5/3 1919, to 5/3 1919, that I last saw him alive on 5/3 1919 and that death occurred on the date stated above, at 10:30 p.m. The CAUSE OF DEATH* was as follows:
660 St. Charles Ave. Ga.

CONTRIBUTORY (Secondary) 3 yrs. 3 mos. 3 ds.

18 Where was disease contracted (duration) 3 yrs. 3 mos. 3 ds. If not at place of death?

Did an operation precede death? No Date of 5/3/19

Was there an autopsy? No

What test confirmed diagnosis? (Signed) D. H. G. S. L.

5/4, 1919 (Address) 1515 West St. Ward

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation or Reinterment Jefferson Wood Burial Date of Burial May 4 1919

20 UNDERTAKER'S ADDRESS Wm Taylor Co

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. See instructions on back of certificate. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING