

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is very important. See instructions on back of certificate.

In occupation or institution give its NAME instead of street and number.)

Home Address NO. 1 - BOX 28
 2. FULL NAME Rosa Jones

Residence—
 In City _____ Yrs. _____ Mos. _____ Days _____

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female
 4. COLOR OR RACE C
 5. Single, Married, Widowed, or Divorced (write the word) Widow
 5a. If married, widowed, or divorced ~~husband~~ (or) WIFE of _____

6. DATE OF BIRTH (Month, day, and year)

7. AGE 30 Years _____ Months _____ Days _____
 If less than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairfield
 (State or Country)

MOTHER
 13. NAME J. C. Kennedy

14. BIRTHPLACE (city or town) Kershaw
 (State or Country)

15. MAIDEN NAME Josephine Kennedy

16. BIRTHPLACE (city or town) Fairfield
 (State or Country)

17. INFORMANT Ann Brown
 (Address) Ridgeway S. S.

18. BURIAL, CREMATION, OR REMOVAL
 Place Ridgeway S. S. Date April 16, 1940

19. UNDERTAKER J. S. [unclear]
 (Address) Columbia

20. FILED 4-17-40 Ma. S. E. [unclear]
M.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-15-1940

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1940, to 4-15, 1940

I last saw him alive on 4-15, 1940, death is said to have occurred on the date started above, at 9.00 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Myocardial infarction
of heart
(Coronary)

Date of onset

Was this death due to pregnancy or to childbirth? If so, state which _____

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Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____
 (Specify city or town, and state)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation or deceased? _____

If so, specify _____
 (Signed) John T. [unclear] D. D.

(Address) Ridgeway S. S.