

STATE OF MISSISSIPPI

91066542

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

CERTIFICATE OF DEATH

STATE FILE NUMBER 123

FILING DATE DEC 12 9 1989

TYPE OR PRINT WITH BLACK INK

DECEASED

1. NAME: Johnnie Harrington; 2. SEX: Male; 3a. HOUR OF DEATH: 4:30 A.M.; 3b. DATE OF DEATH: November 20, 1989

4. RACE: Black; 5a. AGE AT LAST BIRTHDAY: 70 Years; 5b. MOS: ; 5c. DAYS: ; 5d. HOURS: ; 5e. MINS: ; 6. DATE OF BIRTH: February 15, 1919; 7a. COUNTY OF DEATH: Holmes

7b. CITY OR TOWN OF DEATH: Goodman; 7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER: ; 7d. IF IN HOSPITAL OR INST. SPECIFY INPT. OUTPT. EMER. RM. OR DOA: ; 8. STATE OF BIRTH: Miss.

9. DECEDENT'S EDUCATION: Elem/High School, College; 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: ; 11. SURVIVING SPOUSE: ; 12. WAS DECEASED EVER IN U.S. ARMED FORCES: No

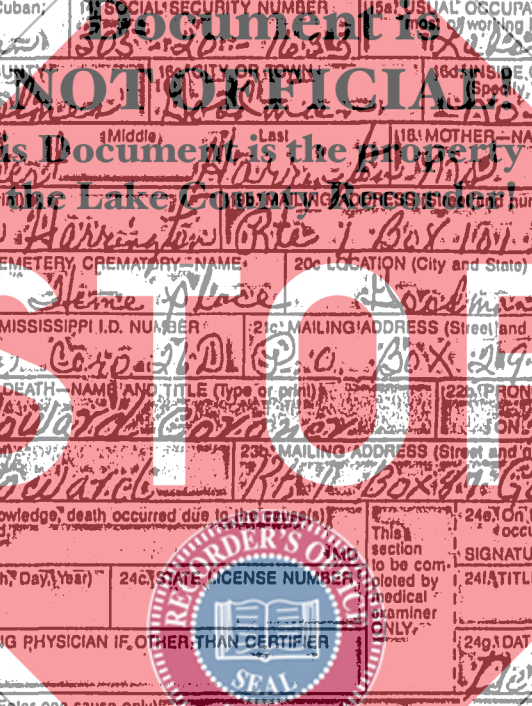
13. ORIGIN OR DESCENT: ; 14. SOCIAL SECURITY NUMBER: ; 15a. USUAL OCCUPATION: ; 15b. KIND OF BUSINESS OR INDUSTRY: Factory

16a. RESIDENCE - STATE: Miss.; 16b. COUNTY: ; 16c. CITY OR TOWN: ; 16d. INSIDE CITY LIMITS: ; 16e. STREET AND NUMBER OR RURAL LOCATION: Route 1, Box 100

17. FATHER - NAME: ; 18. MOTHER - NAME: ; 19a. INFORMANT - NAME: ; 19b. INFORMANT ADDRESS: The Lake, Goodman, Miss. 39079

20a. BURIAL CREMATION REMOVAL: ; 20b. CEMETERY, CREMATORY NAME: ; 20c. LOCATION: ; 21a. EMBALMER SIGNATURE AND NUMBER: ; 21b. FUNERAL HOME NAME AND MISSISSIPPI I.D. NUMBER: ; 21c. MAILING ADDRESS: ; 22. PERSON WHO PRONOUNCED DEATH: ; 22a. PRONOUNCED DEAD: ; 22b. PRONOUNCED DEAD:

23a. CERTIFIER NAME: ; 23b. MAILING ADDRESS: ; 24a. SIGNATURE: ; 24b. DATE SIGNED: ; 24c. STATE LICENSE NUMBER: ; 24d. NAME OF ATTENDING PHYSICIAN: ; 24e. DATE SIGNED: ; 25. PART I. DEATH CAUSED BY: ; 26. SIGNIFICANT CONDITIONS: ; 27. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED: ; 27a. DATE OF INJURY: ; 27b. HOUR OF INJURY: ; 27c. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED: ; 28. INJURY AT WORK: ; 29. PLACE OF INJURY: ; 29a. LOCATION: ; 29b. REFERRED TO AUDITOR: ; 29c. COUNTY:



FILED

JAN 2 1990

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

Allen B. Cobb, M.D. STATE HEALTH OFFICER

December 29, 1989

David Lohrlich, STATE REGISTRAR

WARNING: It is illegal to alter or counterfeit this copy.

