

STATE OF MISSISSIPPI

STATE OF INDIANA
LAKE COUNTY

MISSISSIPPI STATE DEPARTMENT OF HEALTH

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VITAL RECORDS
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RECORDED CERTIFICATE OF DEATH

STATE FILE NUMBER 123-94E22115

PRINT LA 2X INK	FILING DATE NOV 30 1994	STATE OF MISSISSIPPI					
1 NAME Martha M. Hill	2 SEX Female	3a HOUR OF DEATH 0750 m	3b DATE OF DEATH (Month, Day, Year) Nov. 24, 1994	4 RACE (Specify White, Black, American Indian, etc.) White	5a AGE AT LAST BIRTHDAY 63 Years	5b MOS 50	5c DAYS 16
6 DATE OF BIRTH (Month, Day, Year) July 27, 1931	7a COUNTY OF DEATH Hinds	7b CITY OR TOWN OF DEATH Jackson	7c HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) MS Bapt. med. Ctr. 250	7d IF IN HOSP. OR INST. SPECIFY INPT, OUTPT, EMER, RM, OR DOA inpt	8 STATE OF BIRTH Tenn.	9 DECEDENT'S EDUCATION (Specify only highest grade completed) Elem High School (1-4) 12th (5+)	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
11 SURVIVING SPOUSE (If wife, give maiden name)	12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO	13 ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American	14 SOCIAL SECURITY NUMBER 316-30-1641	15a USUAL OCCUPATION (Kind of work done, most of working life) Property Rental	15b KIND OF BUSINESS OR INDUSTRY Real Estate	16a RESIDENCE—STATE Mississippi	16b COUNTY Winston
16c CITY OR TOWN Louisville	16d INSIDE CITY LIMITS (Specify, Yes or No) Yes	16e STREET AND NUMBER OR RURAL LOCATION 301 Greentree Place	17 FATHER—NAME Thomas A. Rogers	18 MOTHER—NAME Lillian E. Boone	19a INFORMANT—NAME (Type or print) Dorothy Papalantros	19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 301 Greentree Place, Louisville, MS. 39309	20a BURIAL, CREMATION, REMOVAL (Specify) Burial
20b CEMETERY, CREMATORY—NAME Memorial Park	20c LOCATION (City and State) Louisville, MS.	20d EMBALMER—SIGNATURE AND NUMBER [Signature] 381	21a FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Nowell Funeral Services 80-N	21b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 647, Louisville, MS. 39309	22a PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Louis V. PUNEKY, M.D.	22b PRONOUNCED DEAD (Month, Day, Year) ON 11/24/94	22c PRONOUNCED DEAD (Hour) AT 0750 A.m
23a CERTIFIER—NAME (Type or print) Louis V. PUNEKY, M.D.	23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1190 North State Street, Suite 501, Jackson, MS. 39202	24. To the best of my knowledge, death occurred due to the cause(s) and manner as stated S. NATURE Louis V. Puneky MD		24b. DATE SIGNED (Month, Day, Year) 11/24/94		24c. STATE LICENSE NUMBER 11171	
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) G.C. Stubblefield		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated SIGNATURE		24f. TITLE		24g. DATE SIGNED (Month, Day, Year)	
25 PART I. DEATH CAUSED BY: (a) Respiratory Failure from Chronic Obstructive Pulmonary Disease		Interval between onset and death one week		25 PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I Neutropenia; pneumonia; metastatic Lung Cancer		27 AUTOPSY (Yes or NO) NO	
25b. DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)		Interval between onset and death		28 WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or NO) NO		29a ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	
25c. DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)		Interval between onset and death		29b DATE OF INJURY (Month, Day)		29c DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
25d. DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)		Interval between onset and death		29d INJURY AT WORK (Yes or No)		29e PLACE OF INJURY (Specify Home, Farm, Street, etc.)	

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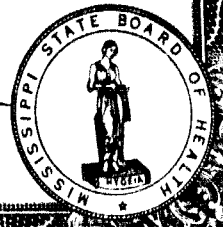
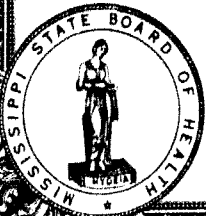
THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD

F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

SAM ORLICH

AUDITOR LAKE COUNTY
Nita Cox Gunter
STATE REGISTRAR



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