

MARGIN RESERVE FOR BINDING WRITING WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

1 PLACE OF DEATH  
 County Waltham  
 Vol. Pct. Lyhiters  
 Inc. Town Lyhiters  
 or Village Lyhiters  
 or City Lyhiters  
 Registration District No. 746 File No. 9  
 Primary Registration District No. 924 Registered No. 350  
 (No. 125 St., 125 Ward)  
 2 FULL NAME Henrietta Permatator

STATE OF MISSISSIPPI

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

1890

CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR or RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 (Write the word)  
 6 DATE OF BIRTH Dec 26, 1830  
 Month Day Year  
 7 AGE 91 yrs. 1 mos. 4 ds. If LESS than 1 day,     hrs. or     min?  
 8 OCCUPATION (a) Trade, profession, or particular kind of work Housework  
 (b) General nature of industry, business, or establishment in which employed, (or employer)  
 9 BIRTHPLACE (State or Country) S.C.  
 PARENTS  
 10 NAME OF FATHER Geo. Permis  
 11 BIRTHPLACE OF FATHER (State or Country) S.C.  
 12 MAIDEN NAME OF MOTHER Caroline Campbell  
 13 BIRTHPLACE OF MOTHER (State or Country) S.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 30, 1922  
 month Day Year  
 17 I HEREBY CERTIFY, That I attended the deceased from Jan 30, 1922, to Jan 30, 1922  
 that I last saw him alive on Jan 30, 1922  
 and that death occurred on the date stated above, at 9 P.  
 The CAUSE OF DEATH\* was as follows:  
Arterial thrombosis  
 Duration     yrs.     mos.     ds.  
 Contributory      
 SECONDARY Duration     yrs.     mos.     ds.  
 Signed W. E. Collins M.  
2-16, 1922 Address Lyhiters Miss  
 \* State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.  
 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, Recent Residents)  
 At Place of death     yrs.     mos.     ds. In the State     yrs.     mos.     ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence  
 19 PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL    , 19     
 20 UNDERTAKER ADDRESS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) W. E. Collins  
 (Address) Lyhiters Miss  
 15 Filed 3-15-22 Samuel Crawford Registrar