

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



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DEPARTMENT OF COMMERCE
Bureau of the Census

STANDARD CERTIFICATE OF DEATH State File No. 19082

STATE OF MISSISSIPPI

Registrar's No.

1. PLACE OF DEATH—

County Forrest City or Town Hattiesburg Inside or Outside Corporate Limits? Inside
Hospital Methodist and Number Edwards Street or Rural Precinct

Length of Stay Before Death, (a) In Hospital 6 days (b) In this Community Life

2. RESIDENCE BEFORE DEATH—

State Mississippi County Forrest City or Town Hattiesburg or Rural Precinct

3. (a) FULL NAME Walter Allen Strahan

3. (b) If veteran, name war No. 3 (c) Social Security No.

4. Sex Male 5. Color or Race White 6 (a) Single, widowed, married, divorced Married

6 (b) Name of husband or wife Ella McGrew 6 (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 14, 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Mississippi (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name William Strahan

13. Birthplace Don't Know (City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16 (a) Informant's signature

(b) Address 105-Redus St., H-Burg, Miss

17 (a) Burial (Burial, cremation, or removal) (b) Date 7/1/43 (Month) (Day) (Year)

(c) Place New City, H-Burg, Miss.

18 (a) Signature, funeral director H-Burg Und't Co.,

(b) Address Hattiesburg, Miss.

19 (a) 7-16-43 (Date received local registrar) (b) Wm Mc Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month June day 30 year 1943 hour 1:00 A. M. or P. M.

21. I hereby certify that I attended the deceased from June 30, 1943 to 6/30/43, 1943; that I last saw him alive on June 30, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Struck

DURATION

6 days

Due to Hypertension
Arterio Sclerosis

Several years

Other conditions (Include pregnancy within 3 months of death)

MAJOR FINDINGS: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? or Means of injury

23. Signature J. E. Butler M. D. Address Hattiesburg, Miss Date Signed 7-7-43

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

FEB 24 2010

Judy Moulder

Judy Moulder
STATE REGISTRAR



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