

DEPARTMENT OF HEALTH AND
ENVIRONMENTAL CONTROL

-7 JUN 1981

1. PLACE OF DEATH

County of Jasper
Township of Robards
or
Inc. Town of
or
City of

CERTIFICATE OF DEATH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 0601
(No. St.; Ward)

File No.—For State Registrar Only
14583

Registered No. 24
(For use of Local Registrar)
(If death occurred in a Hospital or institution give its NAME instead of street and number.)
Residence In City..... Yrs..... Mos..... Days.

2. FULL NAME Mary Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. <u>Widow</u> (Write the word)
6 DATE OF BIRTH <u>Sept 24 1848</u> (Month) (Day) (Year)		
7 AGE <u>24 yrs 11 mos 26 days</u> IF LESS than 1 day, in hrs. or min.?		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Newswork</u> (b) General nature of industry, business, or establishment in which employed (or employer).		
9 BIRTHPLACE (State or Country) <u>South Carolina</u>		
PARENTS	10 NAME OF FATHER <u>Jake Phillips</u>	
	11 BIRTHPLACE OF FATHER (State or Country) <u>South Carolina</u>	
	12 MAIDEN NAME OF MOTHER <u>Polly Freeman</u>	
	13 BIRTHPLACE OF MOTHER (State or Country) <u>South Carolina</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 20 1973
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Sept 17th 1973 that I last saw him alive on Sept 17th 1973 and that death occurred, on the date stated above, at Phillipsville, SC. The CAUSE OF DEATH* was as follows:
Myocardial infarction
Probable Complication of atherosclerosis
(Duration) yrs. mos. days

18 Where was disease contracted? If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) M. J. Williams M. D.
926 1/2 N. Hampton St (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Smith
(Address) Coopersville, SC

15 Filed 9-20-73 R. W. Roberts
LOCAL REGISTRAR

19 Place of Burial or Removal Phillipsville, SC DATE OF BURIAL 9-21 1973
20 UNDERTAKER ADDRESS

RECORD OF COLUMBIA, COLUMBIA S. C.