FILING DATE JAN 22 1987

CERTIFICATE OF DEATH — STATE OF MISSISSIPPI

THO916MS

STATE FILE NUMBER 123-87-00613

DECEASED

1. NAME First	Middle	Last	2. SEX	3a. HOUR OF DEATH	3b. DATE OF DEATH (Month, Day, Year)
Thomas	Drayton	Alford	Male	10:58A m	January 6, 1987

4. RACE (Specify White, Black, American Indian, etc.)	5a. AGE AT LAST BIRTHDAY	ONLY IF UNDER 1 YEAR: 5b. MOS	5c. DAYS	ONLY IF UNDER 1 DAY: 5d. HOURS	5e. MINS	6. DATE OF BIRTH (Month, Day, Year)	7a. COUNTY OF DEATH
white	70 Years					July 20, 1916	Hinds

7b. CITY OR TOWN OF DEATH	7c. HOSPITAL OR OTHER INSTITUTION — NAME AND NUMBER (If not in either, give street address, route number, or other location)	7d. IF IN HOSP OR INST SPECIFY INPT., OUTPT., EMER. RM., OR DOA
Jackson	VA Medical Center (25V)	Inpt

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)
Mississippi	USA	Divorced		yes

13. ORIGIN OR DESCENT (Specify German, Cuban, Afro-American, Mexican, etc.)	14. SOCIAL SECURITY NUMBER	15a. USUAL OCCUPATION (Kind of work done most of working life)	15b. KIND OF BUSINESS OR INDUSTRY
American	427 07 2433	Bodyman	Auto Shop

16a. RESIDENCE STATE	16b. COUNTY	16c. CITY OR TOWN	16d. INSIDE CITY LIMITS (Specify Yes or No)	16e. STREET AND NUMBER OR RURAL LOCATION
Mississippi	Hinds	Jackson	yes	162 Heloise St.

For RESIDENCE items, enter actual location of home rather than mailing address

If death occurred in an institution, see HANDBOOK regarding completion of RESIDENCE items

PARENTS

17. FATHER — NAME First	Middle	Last	18. MOTHER — NAME First	Middle	Maiden
John	Everett	Alford	Helen		Buchanan

INFORMANT

19a. INFORMANT — NAME (Type or Print)	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)
Mrs. Nancy Breland	102 Pine Hill Cove, Pearl MS 39208

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify)	20b. CEMETERY, CREMATORY — NAME	20c. LOCATION (City and State)	21a. FUNERAL DIRECTOR — SIGNATURE AND LICENSE NUMBER
Burial	New Hope Christian Church Cemetery	Coila, MS	FSG

21b. FUNERAL HOME — NAME AND MISSISSIPPI I.D. NUMBER	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)
Wright & Ferguson 25W	P. O. Box 409, Jackson, MS 39205

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH — NAME AND TITLE (Type or print)	22b. PRONOUNCED DEAD (Month, Day, Year)	22c. PRONOUNCED DEAD (Hour)
Henry Chris Waterer, M.D.	on January 6, 1987	at 10:58 A.m.

CERTIFIER

23a. CERTIFIER — NAME (Type or print)	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)
BERNARD J. DREILING, M.D.	1500 E. Woodrow Wilson Drive, Jackson, MS 39216

Mississippi State Board of Health Form No. 511 Revised 8-1-82

This section to be completed by physician if NOT a coroner or medical examiner

24a. To the best of my knowledge, death occurred due to the causes stated. SIGNATURE ▶ Bernard J. Dreiling, M.D.

24b. DATE SIGNED (Month, Day, Year): January 20, 1987

24c. STATE LICENSE NUMBER: 28581

24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

This section to be completed by coroner or medical examiner ONLY

24e. On the basis of examination and/or investigation, in my opinion death occurred due to the causes stated. SIGNATURE ▶

24f. TITLE

24g. DATE SIGNED (Month, Day, Year)

USE OF DEATH

25. PART I. DEATH CAUSED BY:

		Interval between onset and death
(a) IMMEDIATE CAUSE (Enter one cause only):	Myocardial Infarction	2 days
(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	Coronary Artery Disease	years
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	Pneumonia	1 week

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

26. PART II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I(a): Emphysema

27. AUTOPSY (Yes or No): Yes

28. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes or No): No

Use if death NOT due to natural causes

29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)

29b. DATE OF INJURY (Month, Day, Year)

29c. HOUR OF INJURY

29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED

29e. INJURY AT WORK (Yes or No)

29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)

29g. LOCATION — Street or route number — City or town — State