

HINDS Co  
JACKSON  
VAC, JACKSON, MISS

SPECIAL INVESTIGATOR  
STATE OF LA.  
ROBERT E. WOMACK

**CERTIFICATE OF DEATH**  
**STATE OF MISSISSIPPI**

NAME OR LOCATION	1. LENGTH OF STAY IN HOSPITAL	2. STATE	3. CITY, TOWN OR LOCATION
VAC, Jackson, Miss.	1 year, 34 days	Louisiana	Baton Rouge
(If not in hospital, give place of death)	4. STREET ADDRESS	5. IS RESIDENCE INSIDE CITY LIMITS	
	2129 Wisteria St.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
6. GENDER	7. FIRST MIDDLE INITIAL	8. LAST NAME	9. DATE OF DEATH
Male	Sidney	Womack	10-2-58
10. COLOR OR RACE	11. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED	12. DATE OF BIRTH	13. PLACE OF BURIAL OR Cremation
White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	10-2-96	14. CEMETERY
15. OCCUPATION (Give title of work & name of employer, or name of business if self-employed)	16. BROTHER'S MARRIED NAME	17. EMPLOYER	
Investigator	Elizabeth James	VAC Hospital Records, Jackson	
18. TIME OF DEATH (Check only one box for (a), (b), and (c))	19. PLACE OF DEATH (Check only one box for (a), (b), and (c))		
(a) DUE TO (b) (c)	DUE TO (a) Gen. Grade IV Arteriosclerosis. (OVER)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
Small Interventricular: Chr, brain-syndrome (clin.)			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED. (Date nature of injury in Part I or Part II of Box 20)		
TIME OF INJURY	21. PLACE OF INJURY (e.g., home or place where work, factory, street, etc.)	22. CITY, TOWN, OR LOCATION	23. COUNTY
7-26-58 10 a.m.	7-26-58	Baton Rouge	East Baton Rouge
24. HOURS AT WORK <input type="checkbox"/> NOT WHILE <input type="checkbox"/>	25. PLACES OF CEMETERY (e.g., cemetery, church, etc.)	26. ADDRESS	27. PHONE NUMBER
26. DEATH OCCURRED AT	27. DATE OF CEMETERY	28. NAME OF CEMETERY	29. LOCATION (City, State, or County)
28. DEATH OCCURRED AT	29. DATE	30. NAME OF CEMETERY	31. LOCATION (City, State, or County)
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