

INDUSTRIAL CONVEYOR CORP.

GRANTOR(S)

TO

WARRANTY DEED

EDDIE TALBOT

GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, INDUSTRIAL CONVEYOR CORP., does hereby sell, convey and warrant unto EDDIE TALBOT, the land lying and being situated in **DeSoto** County, Mississippi, more particularly described as follows, to-wit:

Lot No. 1 of Mound Subdivision, located in Section 26, Township 2, Range 8 West, recorded in Plat Book 6, Page 14, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

Parcel No.: 2087-2602.0-00001.00
Commonly known as: 1326 Dean Road, Nesbit, MS 38651

The warranty in this deed is subject to subdivision and zoning regulations in DeSoto County, Mississippi, rights of way and easements for public roads and public utilities, and restrictive covenants for said subdivision.

By way of explanation, an earlier attempt by James A. Johnson, Sr., to convey this property into a trust was not correctly accomplished. Emma C. Johnson, wife of James A. Johnson, Sr., died intestate on October 5, 1998 as evidenced by the certificate attached hereto. James A. Johnson, Sr., died intestate on December 4, 2000, as evidenced by the certificate attached hereto. The heirs at law of James A. Johnson, Sr., are the signors of this deed, with the addition of the husband and children of a previously deceased child of James A. Johnson, Sr., as evidenced by the Affidavit of Heirship attached hereto.

It is understood and agreed that the taxes for the year 2008 have been prorated as of this date on an estimated basis only and when said taxes are actually determined, if the

J. R. Rader

21 *RA*

proration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount overpaid.

Possession to take place upon closing.

WITNESS OUR SIGNATURES this the 26 day of July, 2008.

INDUSTRIAL CONVEYOR CORP.

By:

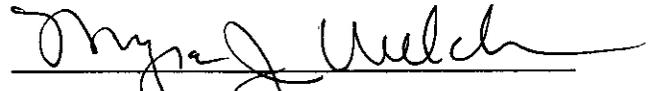


THOMAS A. JOHNSON, President

STATE OF TENNESSEE
COUNTY OF SHELBY

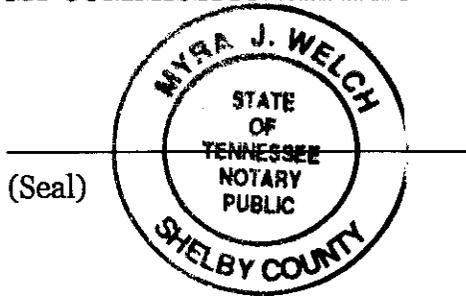
This day personally appeared before me, the undersigned authority in and for the State and County aforesaid, Thomas A. Johnson, the President of Industrial Conveyor Corporation, the above named corporation, who acknowledged that for and on its behalf, he signed, sealed and delivered the foregoing Warranty Deed on the day and year therein mentioned as its act and deed, being first duly authorized so to do.

GIVEN UNDER MY HAND and official seal of office this the 26th day of July, 2008.


NOTARY PUBLIC

MY COMMISSION EXPIRES:

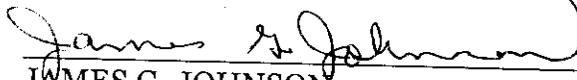
My Commission Expires March 17, 2010



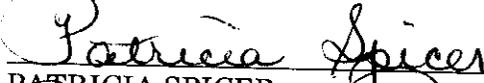
proration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount overpaid.

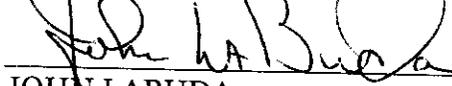
Possession to take place upon closing.

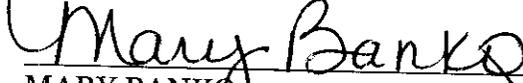
WITNESS OUR SIGNATURES this the 10th day of July, 2008.

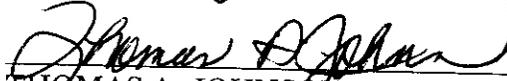

JAMES G. JOHNSON

ELIZABETH GRAVETTE


PATRICIA SPICER


JOHN LABUDA


MARY BANKO


THOMAS A. JOHNSON


DAVID H. JOHNSON


JAMES A. JOHNSON, JR.


JOHN LABUDA, JR.

STEPHEN LABUDA

proration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount overpaid.

Possession to take place upon closing.

WITNESS OUR SIGNATURES this the 7/11 day of July, 2008.

JAMES G. JOHNSON

Elizabeth Gravette

ELIZABETH GRAVETTE

PATRICIA SPICER

JOHN LABUDA

MARY BANKO

THOMAS A. JOHNSON

DAVID H. JOHNSON

JAMES A. JOHNSON, JR.

JOHN LABUDA, JR.

STEPHEN LABUDA

proration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount overpaid.

Possession to take place upon closing.

WITNESS OUR SIGNATURES this the 10th day of July, 2008.

JAMES G. JOHNSON

ELIZABETH GRAVETTE

PATRICIA SPICER

JOHN LABUDA

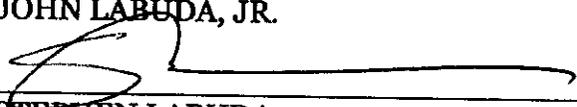
MARY BANKO

THOMAS A. JOHNSON

DAVID H. JOHNSON

JAMES A. JOHNSON, JR.

JOHN LABUDA, JR.



STEPHEN LABUDA

STATE OF Tennessee

COUNTY OF Shelby

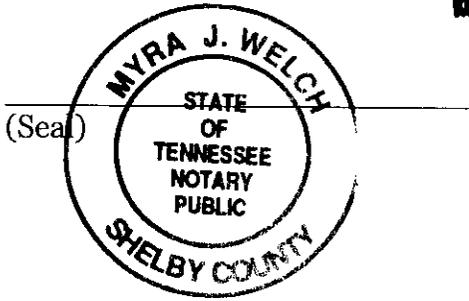
THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named JAMES G. JOHNSON, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

GIVEN UNDER MY HAND and official seal of office this the 10 day of July, 2008.

Myra J. Welch
NOTARY PUBLIC

MY COMMISSION EXPIRES:

My Commission Expires March 17, 2010



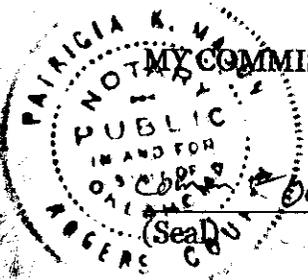
STATE OF OKLAHOMA

COUNTY OF Tulsa

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named ELIZABETH GRAVETTE, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

GIVEN UNDER MY HAND and official seal of office this the 11th day of July, 2008.

Patricia K. Masu
NOTARY PUBLIC



MY COMMISSION EXPIRES: 12-19-08

00018967

STATE OF Tennessee
COUNTY OF Shelby

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named PATRICIA SPICER who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

GIVEN UNDER MY HAND and official seal of office this the 10 day of July, 2008.

Myra J. Welch
NOTARY PUBLIC

MY COMMISSION EXPIRES:

My Commission Expires March 17, 2010

(Seal)

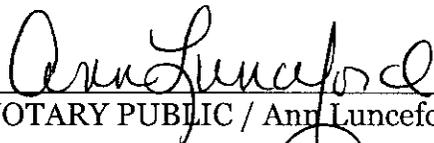


STATE OF MISSISSIPPI

COUNTY OF DESOTO

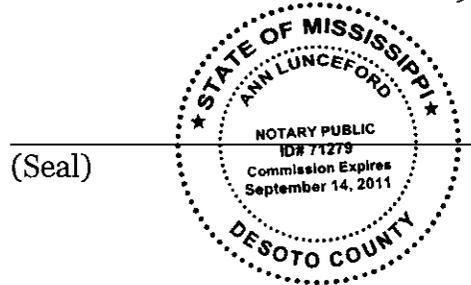
THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named JOHN LABUDA, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

GIVEN UNDER MY HAND and official seal of office this the 15th day of July, 2008.



NOTARY PUBLIC / Ann Lunceford

MY COMMISSION EXPIRES: 9/14/11



STATE OF Tennessee
COUNTY OF Shelby

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named MARY BANKO, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

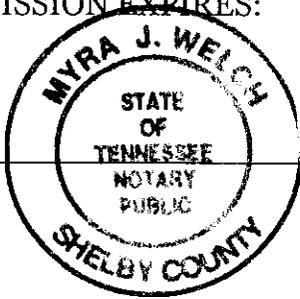
GIVEN UNDER MY HAND and official seal of office this the 10 day of July, 2008.

Myra J. Welch
NOTARY PUBLIC

MY COMMISSION EXPIRES:

My Commission Expires March 17, 2010

(Seal)



STATE OF Tennessee

COUNTY OF Shelby

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named THOMAS A. JOHNSON, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

GIVEN UNDER MY HAND and official seal of office this the 10 day of July, 2008.

Myra J. Welch
NOTARY PUBLIC

MY COMMISSION EXPIRES:

My Commission Expires March 17, 2010

(Seal)



STATE OF Tennessee

COUNTY OF Shelby

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named DAVID H. JOHNSON, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

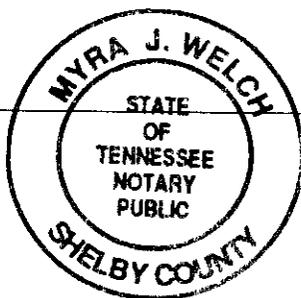
GIVEN UNDER MY HAND and official seal of office this the 10 day of July, 2008.

Myra J. Welch
NOTARY PUBLIC

MY COMMISSION EXPIRES:

My Commission Expires March 17, 2010

(Seal)



STATE OF Tennessee

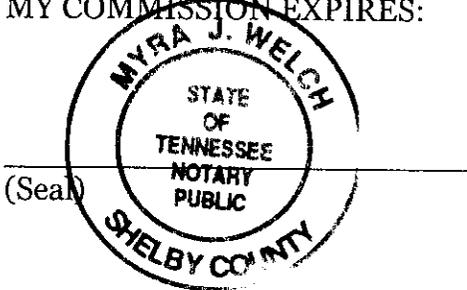
COUNTY OF Shelby

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named JAMES A. JOHNSON, JR., who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

GIVEN UNDER MY HAND and official seal of office this the 10th day of July, 2008.

Myra J. Welch
NOTARY PUBLIC

MY COMMISSION EXPIRES:



My Commission Expires March 17, 2010

STATE OF Tennessee

COUNTY OF Shelby

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named JOHN LABUDA, JR., who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

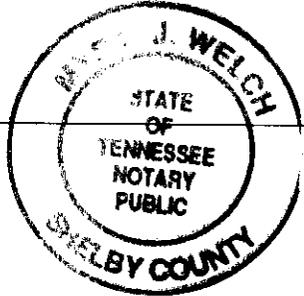
GIVEN UNDER MY HAND and official seal of office this the 10 day of July, 2008.

Myra J. Welch
NOTARY PUBLIC

MY COMMISSION EXPIRES:

My Commission Expires March 17, 2010

(Seal)



STATE OF Florida

COUNTY OF Orange

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named STEPHEN LABUDA, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

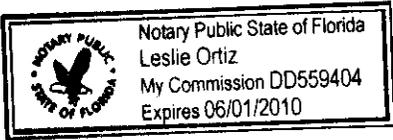
GIVEN UNDER MY HAND and official seal of office this the 10th day of July, 2008.

Leslie Ortiz
NOTARY PUBLIC

MY COMMISSION EXPIRES:

06/01/2010

(Seal)



GRANTOR(S) ADDRESS: P.O. Box 341224, Memphis, TN 38184-1224
HOME PHONE: N/A WORK PHONE: (901) 382-2660

GRANTEE(S) ADDRESS: 317 Green T Rd., Hernando MS 38632
HOME PHONE: N/A WORK PHONE: (901) 734-7019

Prepared by and return to:
George B. Ready
P.O. Box 127
Hernando, MS 38632
(662) 429-7088

HEIRSHIP AFFIDAVIT
(Heirship of James A. Johnson)

STATE OF TENNESSEE
COUNTY OF SHELBY

COMES Now Dan Hale, of lawful age, being first duly sworn, upon her oath deposes and says:

That she was personally well acquainted with the above named decedent, during his lifetime, having known him for 25 years, and that affiant bears the following relationship to the said decedent, to wit: close family friend and employee.

Affiant further states that the said decedent departed this life at Memphis, in Shelby County, State of Tennessee on or about December 4, 2000, being 88 years old at the date of his death.

Affiant further states that she was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be his heirs, and that the following statements are based upon the personal knowledge of affiant and are true and correct.

That James A. Johnson did not leave a will and none was ever probated.

That his wife, Emma C. Johnson, died on October 5, 1998 and therefore preceded him in death.

That he was never married otherwise.

That James A. Johnson had the following children:

James G. Johnson
Mary J. LaBuda
Thomas A. Johnson
Elizabeth J. Gravette
David H. Johnson
Patricia J. Spicer
James A. Johnson, Jr.

That Mary J. LaBuda died on April 9, 1993, and left the following husband and children:

John B. LaBuda
John B. LaBuda, Jr.
Mary L. Banko
Stephen LaBuda

That James A. Johnson had no other children, adopted or step children.

Dan Hale
Dan Hale

Subscribed and sworn to before me this 16th day of June, 2008.

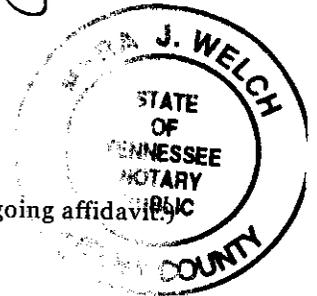
Myra J. Welch

My Commission Expires March 17, 2010 NOTARY PUBLIC

My Commission Expires: _____

CORROBORATING AFFIDAVIT

(To be signed by some person other than the one making the foregoing affidavit)



STATE OF TENNESSEE

COUNTY OF SHELBY

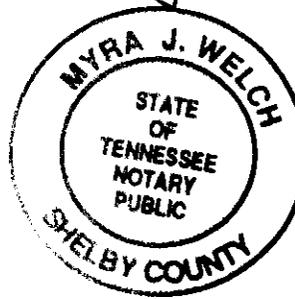
Mark E. Beene, of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Dan Hale is true, to the personal knowledge of this affiant.

Mark E. Beene
Mark E. Beene

Subscribed and sworn to before me this 16th day of June 2008.

Myra J. Welch
NOTARY PUBLIC

My Commission Expires ~~_____~~ My Commission Expires March 17, 2010





TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) **James Alvis Johnson, Sr.**

2. SEX **Male**

3. DATE OF DEATH (Month, Day, Year) **December 4, 2000**

4. SOCIAL SECURITY NUMBER (of Decedent) **427-07-4043**

5a. AGE LAST BIRTHDAY (Years) **88**

5b. UNDER 1 YEAR (MOS, DATE, HOURS, MIN)

5c. UNDER 1 DAY (MOS, DATE, HOURS, MIN)

6. DATE OF BIRTH (Month, Day, Year) **Apr. 3, 1912**

7. BIRTHPLACE (City and State or Foreign Country) **Lafayette County, MS**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? **1 Yes 2 [X] No**

9a. PLACE OF DEATH (Check only one)

9b. FACILITY NAME (If not institution, give street and number) **Sunbridge Nursing Home**

9c. CITY, TOWN, OR LOCATION OF DEATH **Memphis**

9d. COUNTY OF DEATH **Shelby**

10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) **Widowed**

11. SURVIVING SPOUSE (If wife, give maiden name) **N/A**

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **Memphis**

12b. KIND OF BUSINESS/INDUSTRY **Shelby**

13a. RESIDENCE STATE **Mississippi**

13b. COUNTY **Desoto**

13c. CITY, TOWN OR LOCATION **Nesbit**

13d. STREET AND NUMBER OR RURAL LOCATION **1326 Dean Road**

13e. INSIDE CITY LIMITS? **[X] Yes [] No**

13f. ZIP CODE **38651**

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuban, Mexican, Puerto Rican, etc.) **[] Yes [X] No**

15. RACE (American Indian, Black, White, etc. (Specify)) **White**

16. DECEDENT'S EDUCATION (Specify only highest grade completed) **12**

17. FATHER'S NAME (First, Middle, Last) **Delmer Johnson**

18. MOTHER'S NAME (First, Middle, Maiden Surname) **Viola Franklin**

19a. INFORMANT'S NAME (Type/P-214) **Patsy Spicer**

19b. RELATIONSHIP TO DECEASED **daughter**

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **5767 South Lake Oaks Drive Bartlett, TN 38134**

20a. METHOD OF DISPOSITION

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Forest Hill East Cemetery**

20c. LOCATION (City or Town, State) **Memphis, TN**

21a. SIGNATURE OF FUNERAL DIRECTOR **Susan Roney**

21b. LICENSE NUMBER OF FUNERAL DIRECTOR **4138**

21c. SIGNATURE OF EMBALMER **Roy Blaylock**

21d. LICENSE NUMBER OF EMBALMER **3586**

22. NAME AND ADDRESS OF FUNERAL HOME **Forest Hill Funeral Home 2440 Whitten Road Memphis TN 38133**

22b. LICENSE NUMBER OF FUNERAL HOME **918**

23. REGISTRAR'S SIGNATURE **[Signature]**

24. DATE FILED (Month, Day, Year) **DEC 18 2000**

25. SIGNATURE AND TITLE OF PHYSICIAN **Connie Holladay**

25b. LICENSE NUMBER **MD 15684**

25c. DATE SIGNED (Month, Day, Year) **12-14-00**

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.

26b. SIGNATURE AND TITLE OF MEDICAL EXAMINER

26c. LICENSE NUMBER

26d. DATE SIGNED (Month, Day, Year)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) **Dr. Connie Holladay - 48 South Prescott - Memphis, TN, 38111**

28. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **Cardiopulmonary arrest**

DUE TO (OR AS A CONSEQUENCE OF):

a. **Diffuse atherosclerosis**

b. **Cerebrovascular disease, S/P stroke**

c. **Hypertension, Congestive Heart Failure**

d. **Holmes**

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? **[] Yes [X] No**

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **[] Yes [X] No**

30. MANNER OF DEATH

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

31c. INJURY AT WORK? **[] Yes [X] No**

31d. DESCRIBE HOW INJURY OCCURRED

31e. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

NAME OF DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING (TYPE MUST COMPLETE AND SIGNICAL CERTIFICATION 14N 48 HOURS)

E INSTRUCTIONS IN OTHER SIDE

CAUSE OF DEATH

Holmes

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK 589 PG 334

BK 590 PG 551

TYPE OR PRINT
IN BLACK INK

FILING DATE **OCT 22 1998**

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER **123-**

DECEASED

1. NAME: **EMMA GRYSTELL YOUNGBLOOD JOHNSON** 2. SEX: **FEMALE** 3a. HOUR OF DEATH: **7:30A** 3b. DATE OF DEATH (Month, Day, Year): **OCTOBER 5, 1998**

4. RACE (Specify White, Black, American Indian, etc.): **WHITE** 5a. AGE AT LAST BIRTHDAY: **78** 5b. MGS: **78** 5c. DAYS: **14** 5d. HOURS: **54** 5e. MINS: **14** 6. DATE OF BIRTH (Month, Day, Year): **SEPT. 17, 1920** 7a. COUNTY OF DEATH: **DESOTO**

7b. CITY OR TOWN OF DEATH: **NESBIT** 7c. HOSPITAL OR OTHER INSTITUTION—NAME AND NUMBER (If not in either, give street address, route number or other location): **1326 DEAN ROAD** 7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA: **INPT.** 8. STATE OF BIRTH: **TENNESSEE**

9. DECEDENT'S EDUCATION (Specify only highest grade completed): **Elem/High School, College** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **MARRIED** 11. SURVIVING SPOUSE (If wife, give maiden name): **JAMES A. JOHNSON** 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): **NO**

13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.): **AMERICAN** 14. SOCIAL SECURITY NUMBER: **429-66-1374** 15a. USUAL OCCUPATION (Kind of work done, most of working life): **HOMEMAKER** 15b. KIND OF BUSINESS OR INDUSTRY: **HOME**

16a. RESIDENCE—STATE: **MISSISSIPPI** 16b. COUNTY: **DESOTO** 16c. CITY OR TOWN: **NESBIT** 16d. INSIDE CITY LIMITS (Specify Yes or No): **YES** 16e. STREET AND NUMBER OR RURAL LOCATION: **1326 DEAN ROAD**

17. FATHER—NAME: **SHIELDS YOUNGBLOOD** 18. MOTHER—NAME: **ADDIE GODWIN**

19a. INFORMANT—NAME (Type or print): **JAMES G. JOHNSON** 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **2455 DOGWOOD TRAIL DR. GERMANTOWN, TN 38139**

20a. BURIAL, CREMATION, REMOVAL (Specify): **BURIAL** 20b. CEMETERY, CREMATORY—NAME: **FOREST HILL EAST** 20c. LOCATION (City and State): **MEMPHIS, TENNESSEE** 21a. EMBALMER—SIGNATURE AND NUMBER: **WES KIRKPATRICK #4939**

21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER: **FOREST HILL FUNERAL HOME #918** 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **2440 WHITTEN ROAD MEMPHIS, TN 38133**

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print): **Nel Chambers, R.N.** 22b. PRONOUNCED DEAD (Month, Day, Year) ON: **10/5/1998** 22c. PRONOUNCED DEAD (Hour) AT: **8:30A**

23a. CERTIFIER—NAME (Type or print): **Jeffery Pounders** 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **4942 Pounders Rd. Nesbit, Ms. 38651**

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: **Jeffery Pounders** 24b. DATE SIGNED (Month, Day, Year): **10/12/1998** 24c. STATE LICENSE NUMBER: **MD** 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print): **DESOLO CMEI** 24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE: **Jeffery Pounders** 24f. TITLE: **DESOLO CMEI** 24g. DATE SIGNED (Month, Day, Year): **10/12/1998**

25. PART I: IMMEDIATE CAUSE (Enter one cause only): **Chronic Obstructive Pulmonary Disease** (a) CAUSED BY: **Chronic Obstructive Pulmonary Disease** (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): **Chronic Obstructive Pulmonary Disease** (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): **Chronic Obstructive Pulmonary Disease**

26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I: **None** 27. AUTOPSY (Yes or No): **No** 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No): **Yes**

29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify): **None** 29b. DATE OF INJURY (Month, Day, Year): **None** 29c. HOUR OF INJURY: **None** 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED: **None** 29e. INJURY AT WORK (Yes or No): **None** 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.): **None** 29g. LOCATION: **None**

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

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

OCT 22 98

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