

Dr Redmond

DEPARTMENT OF COMMERCE  
Bureau of the Census

## STANDARD CERTIFICATE OF DEATH

State File No. 2457

STATE OF MISSISSIPPI

Registrar's No. 38

## 1. PLACE OF DEATH—

County LincolnCity or Town BrookhavenInside or Outside InsideHospital \_\_\_\_\_  
or Street Hamilton  
and Number \_\_\_\_\_Corporate Limits?  
or Rural  
Precinct \_\_\_\_\_

Length of Stay Before Death, (a) In Hospital \_\_\_\_\_

(b) this Community Life

## 2. RESIDENCE BEFORE DEATH—

State MissCounty LincolnCity or Town Brookhavenor Rural  
Precinct \_\_\_\_\_3. (a) FULL NAME JOHN WALTER HILLIARDIf Foreign Born  
How Long in U. S.? 46-3

Yrs.

## 3. (b) If veteran,

## 3 (c) Social Security

name war \_\_\_\_\_

No. \_\_\_\_\_

## 4. Sex

Male

## 5. Color or Race

Colored

## 6 (a) Single, widowed, married,

divorced Single

## 6 (b) Name of husband or wife \_\_\_\_\_

## 6 (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Birth date of deceased

May 1932

(Month)

(Day)

(Year)

## 8. AGE:

Years 10Months 9

Days \_\_\_\_\_

If less than one day

hr. \_\_\_\_\_

min. \_\_\_\_\_

## 9. Birthplace

Lincoln CoMiss

(City, town, or county)

(State or foreign country)

## 10. Usual occupation

School Boy

## 11. Industry or business \_\_\_\_\_

MOTHER FATHER

## 12. Name

John Hilliard

## 13. Birthplace

Miss

(City, town, or county)

(State or foreign country)

## 14. Maiden name

Carrie Hix

## 15. Birthplace

Okla

(City, town, or county)

(State or foreign country)

## 16 (a) Informant's signature

John Hilliard

## (b) Address

Brookhaven Miss

## 17 (a)

Burial

(Burial, cremation, or removal)

## (b) Date

2/24/423

(Month) (Day) (Year)

## (c) Place

Union Paradise Cemetery

## 18 (a) Signature, funeral director

Frank H. Hartman

## (b) Address

Brookhaven Miss

## 19 (a)

March 1, 1943

(Date received local registrar)

## (b) Registrar's signature

Margaret M. Aford

## MEDICAL CERTIFICATION

20. Date of death: Month February day 23rd  
year 1943 hour 5:30 A. M. or \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from

Feb, 1943, to Feb 22, 1943  
that I last saw him alive on Feb 22, 1943  
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia

## DURATION

1-121169Due to Puncture the right side of body  
head & back free

Other conditions

(Include pregnancy within 3 months of death)

## PHYSICIAN

## MAJOR FINDINGS:

Of operations \_\_\_\_\_

Of autopsy SEE ATTACHED SLIPUnderline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence Feb 14, 1943Brookhaven, Lincoln Co. Miss.

(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? Church

Making fire in stove with coal-Oil

While at work? XXXXXXX

(e) Means of injury

## 23. Signature

P. S. Redmond M.D.Address Brookhaven MissDate Signed 2-24-43



(County) Lincoln (Name) John Walter Hilliard (Color) Black (Died) Feb 23, 1943, 2457 (No.)  
Cause of Death Broncho pneumonia due to fire burns of the right  
Given on Certificate side of body, back and face.  
Information Wanted Were the burns received from an open fireplace or from  
a burning building? Will you please fill in the attached form.

YOUR REPLY - Burns now received from passing  
Coal oil in a heater at home - church trying  
to build a fire  
(Date Signed) 4-2-1945 (Signed) R. J. Redman M. D.

Age 10 yrs  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) ☒ Accident  
(b) Date of occurrence Feb 14 - 1943  
(c) Where did injury occur? in Church, Frankham, Lincoln Miss  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial, in public  
place? AM & Church  
(Specify type of place)  
While at work? xxxxxxxxxxxxxxxxxxxxxxxx (e) Means of injury ☒ M. D.  
in heater at home with coal oil  
23. Signature R. J. Redman  
Address Frankham, Miss Date Signed 4-2-45