

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of Information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSISSIPPI STATE BOARD OF HEALTH 20125

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Hinds State Miss Registration District No. _____ File No. _____
 Village _____ Vol. Pct. Anderson or Primary Registration Dist. No. _____ Reg. No. _____
 City Forbes No. State Hosp St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street number.)

2 FULL NAME John Banks

(a) Residence (Usual place of abode) Boque Chitto Miss Lincoln Co
 (If non-resident give city or town and state.)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or WIFE of) _____

6 DATE OF BIRTH (month, day and year) 1836

7 AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of Industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9 BIRTHPLACE (city or town) Miss
 (State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) _____
 (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____
 (State or country)

14 Informant Hosp. Record
 (Address) Forbes Miss

15 Filed 11-5-26 1926 L. E. Sheffield
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct 27 1926

17. I HEREBY CERTIFY, That I attended the deceased from Sept 22, 1926, to Oct 27, 1926, that I last saw him alive on Oct 26, 1926, and that death occurred on the date stated above, at 6:10 am. The CAUSE OF DEATH* was as follows:
General Paralysis of the Insane

 _____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY _____
 (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

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? Blood + Spinal Fluid

Signed W. E. Cleveland M. D.
Oct 27 1926 (Address) Forbes

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

19 Place of Burial, Cremation, or Removal Boque Chitto Date of Burial 10-28-26
Brookhaven Miss

20 UNDERTAKER W. E. M. Hodder ADDRESS Boque Chitto