

DEPARTMENT OF COMMERCE
Bureau of the Census

STANDARD CERTIFICATE OF DEATH

State File No.

13373

STATE OF MISSISSIPPI

Registrar's No.

1. PLACE OF DEATH—

County Copiah City or Town Hazlehurst Inside or Outside Corporate Limits? Inside
Hospital _____ or Rural Precinct _____

Length of Stay Before Death, (a) In Hospital _____ (b) In this Community _____

2. RESIDENCE BEFORE DEATH—

State Miss County Copiah City or Town Hazlehurst or Rural Precinct _____

3. (a) FULL NAME Albert Brown If Foreign Born _____ How Long in U. S.? _____ Yrs. _____

3. (b) If veteran, _____ 3. (c) Social Security _____

name war no No. _____

4. Sex Male 5. Color or Race Black 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Amelia Ann Brown 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Nov 7 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Copiah County Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Domestic

MOTHER FATHER { 12. Name Billy Brown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Lane Scott

15. Birthplace Copiah County Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant's signature Amelia Brown

(b) Address Hazlehurst

17. (a) Burial (b) Date 8-
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Hunters Cemetery

18. (a) Signature, funeral director Perkins Funeral Soc.

(b) Address Hazlehurst, Miss.

19. (a) Aug 15 1941 (b) Dr. Marion C. Terry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month 8 day 12
year 1941 hour _____ A. M. or 1 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to No Doctor

Other conditions (Include pregnancy within 3 months of death) _____

MAJOR FINDINGS:
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature _____ M. D.

Address _____ Date Signed _____

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.