

## STANDARD CERTIFICATE OF DEATH

State File No. 16372

## 1. PLACE OF DEATH

MISSISSIPPI STATE BOARD OF HEALTH  
VITAL STATISTICSCounty Copiah

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

Voting Precinct Barlow

or Village \_\_\_\_\_

or City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in place where death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME D. P. Shannon 550 (Write or Print Name Plainly)(a) Residence: Blaney Copiah (Town or City) Miss. (State)  
(Usual place of abode) (County) (Town or City) (State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE Col 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, year)

7. AGE 11 Years - Months - Days - If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or Country) \_\_\_\_\_

13. NAME Thinn Shannon14. BIRTHPLACE (city or town) (State or country) Miss.15. MAIDEN NAME Viola McGrew16. BIRTHPLACE (city or town) (State or country) Miss.17. INFORMANT Dan McGrew (and Address) Blaney Miss. 27818. BURIAL, CREMATION, OR REMOVAL Place New Zion Date 10/2 193919. UNDERTAKER Enterprise Burial Cn (and Address) Jackson20. FILED Oct 4 Mrs. Marion C. Terry Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10/1 1938-5<sup>28</sup>AM

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above.

The principal cause of death was as follows: \_\_\_\_\_ Date of onset \_\_\_\_\_

No doctor, accident discharge of RifleContributory causes: while playing with Rifle 2-184

Name of operation (if any was done) \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_

Date of Injury \_\_\_\_\_ 19\_\_\_\_ hr. \_\_\_\_\_ M.

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place \_\_\_\_\_

How did it occur? \_\_\_\_\_

Nature of injury wounded in head

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.

(Address) \_\_\_\_\_

MARGIN RESERVED FOR BINDING

Form V. S. No. 4—

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. See instructions on back of certificate.