DEPARTMENT OF COMMERCE
Bureau of the Census

STANDARD CERTIFICATE OF DEATH

STATE OF MISSISSIPPI

State File No. 2627

Registrar's No.

1. PLACE OF DEATH—
County COPIAH City or Town WESSON Inside or Outside Corporate Limits? OUTSIDE
Hospital or Street and Number 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 WESSON or Rural Precinct RFD # 4.

3. (a) FULL NAME MURRY SHANNON 550 | If Foreign Born How Long in U. S.? Yrs.

3. (b) If veteran, name war NONE 3 (c) Social Security No. 426-03-784

4. Sex M | 5. Color or Race B | 6 (a) Single, widowed, married, divorced MARRIED

6 (b) Name of husband or wife JESSIE CATCHINGS | 6 (c) Age of husband or wife if alive 30 years

7. Birth date of deceased MAY (Month) 9 (Day) 1910 (Year)

8. AGE: Years 30 | Months 9 | Days — | If less than one day hr. min.

9. Birthplace COPIAH (City, town, or county) MISS (State or foreign country)

10. Usual occupation LABORER

11. Industry or business SAW MILL

MOTHER FATHER

12. Name JOHN SHANNON

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

14. Maiden name CURLIE SPARKS.

15. Birthplace COPIAH (City, town, or county) MISS (State or foreign country)

16 (a) Informant's signature [illegible] SHANNON

(b) Address R.F.D. #1 HAZLEHURST MISS

17 (a) BURIAL (Burial, cremation, or removal) (b) Date 2-10-41 (Month) (Day) (Year)

(c) Place NEW ZION CEM.

18 (a) Signature, funeral director PERKINS FUNERAL HOME

(b) Address HAZLEHURST MISS

19 (a) Feb 21, 1941 (Date received local registrar) (b) Mrs. Marion C. Terry (Registrar's signature)

CURLIE SHANNON.

MEDICAL CERTIFICATION

20. Date of death: Month FEBRUARY day 9 year 1941 hour 9:30 A. M. or P. M.

21. I hereby certify that I attended the deceased from Feb 9, 1941 to Feb 9, 1941; that I last saw him alive on Feb 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Perforating Wound Rt Eye Brain

DURATION 9 Hrs.

Due to Stab Wound

1-167

Other conditions (Include pregnancy within 3 months of death)

MAJOR FINDINGS:
Of operations SEE ATTACHED SLIP

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide or homicide (Specify) a jury case

(b) Date of occurrence Feb 9

(c) Where did injury occur? Copiah Co. Miss (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yard of Log Camp (Specify type of place)

While at work? (e) Means of injury Axe Stab

23. Signature [illegible] M. D.

Address Hazlehurst Miss Date Signed 2/19/41