

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

**STATE OF MISSISSIPPI**  
STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
County Copiah  
Vot. Pct. Staleness  
Inc. Town }  
Village }  
or  
City

Registration District No. 206 837 File No. 17790  
Primary Registration District No. 2067 Registered No. 152  
(No. St. Ward)

2 FULL NAME Bob Banks

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

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male 4 COLOR or RACE Negro 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED X  
(Write the word)

6 DATE OF BIRTH Oct 18 1849  
Month Day Year

7 AGE 65 If LESS than 1 day, ..... hrs. or ..... min.?  
..... yrs. .... mos. .... ds.

8 OCCUPATION Farmer  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed, (or employer)

9 BIRTHPLACE (State or Country) Miss

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or Country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Bee Rockingham  
(Address) Staleness

15 Filed Oct 26 1914 J. M. Stearns  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Oct 26 1914  
Month Day Year

17 I HEREBY CERTIFY, That I attended the deceased from ..... 191..... to ..... 191....., that I last saw him alive on ..... 191..... and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH \* was as follows:  
found dead in the field supposed to be cap. spent  
Duration ..... yrs. .... mos. .... ds.

Contributory SECONDARY  
Duration ..... yrs. .... mos. .... ds.  
Signed M. C. ... M. D.  
Oct 26 1914 Address Staleness

\*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At Place of death ..... yrs. .... mos. .... ds. I; the State ..... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Acosta City DATE OF REMOVAL ..... 191.....

20 UNDERTAKER Song ADDRESS Staleness