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MISSISSIPPI STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Bureau of Vital Statistics

1 PLACE OF DEATH
County Copiah State Miss Registration District No. 8312 File No.
Village ... Vol. Pct. Allen or Primary Registration Dist. No. 3 Reg. No. 4
City ... No. ... St. ... Ward ...

2 FULL NAME Higgin Shannon
(a) Residence (Usual place of abode) ...
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3 SEX male 4 COLOR OR RACE blk 5 SINGLE, MARRIED, WIDOWED or DIVORCED married
5a If married, widowed, or divorced HUSBAND of (or WIFE of)
6 DATE OF BIRTH (month, day and year)
7 AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 32
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 Ed Shannon
11 BIRTHPLACE OF FATHER (city or town) Miss (State or country)
12 MAIDEN NAME OF MOTHER Margaret Spinks
13 BIRTHPLACE OF MOTHER (city or town) Miss (State or country)

14 Informant Lee Shannon (Address) Hancey R. P. D.
15 Filed 3-5-1926 R. A. Mullen REGISTRAR

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month, day and year) 3-4-1926

17. I HEREBY CERTIFY, That I attended the deceased from Feb 28, 1926, to Mar. 4, 1926, that I last saw him alive on Mar. 4, 1926, and that death occurred on the date stated above, at 4 p.m. The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)
(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?
Signed C. H. Simmons M. D. 3-5-1926 (Address) Hazlehurst

*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 Date of Burial
New Zion 3-5-1926
20 UNDERTAKER ADDRESS
O. J. Young - Hazlehurst

MARGIN RESERVED FOR BINDING
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.