

Registration District No. 567 Primary Registration District No. 5767 Registrar's No. 78

1. PLACE OF DEATH: Mississippi
(a) County
(b) City or town Rural Wolf Island
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution
In this community 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Rural
(d) Street No. 8 Miles South East of East Prairie, Mo
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME MAJOR WILLIAMS
(b) If veteran, name war
(c) Social Security No. None

4. Sex M
5. Color race Colored
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife
(c) Age of husband or wife if alive
7. Birth date of deceased December 29, 1915

8. AGE: 25 Years 3 Months If less than one day

9. Birthplace Ferris, Arkansas
10. Usual occupation Laborer

11. Industry or business
12. Name Dan Williams
13. Birthplace Ferris, Arkansas
14. Maiden name Fattie Walker
15. Birthplace Mississippi

16. (a) Informant Douglas Williams
(b) Address Ferris, Ark Box 185
17. (a) Burial (b) Date thereof Dec. 29, 1940
(c) Place: burial or cremation Ferris, Ark

18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie Mo
19. (a) Date received local registrar Jan. 7, 1941 (b) Registrar's signature M. D. M. Hodges

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 28th
year 1940 hour 3.30 minute P. M.

21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound in left side of chest

Due to Sawed off shot gun fired by the hands of Robert Perry

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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) Homicide
(b) Date of occurrence Dec. 28, 1940

(c) Where did injury occur? Mississippi
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Negro cabin on farm
(e) Means of injury Gun shot wound

23. Signature Travis Shelby - Coroner (M. D. or other)
Address East Prairie, Mo Date signed 12/28/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 2,

District File Number 141-111

Date Filed 1/14/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.