ALABAMA
Center for Health Statistics

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SEE OTHER SIDE

FILL IN WITH A TYPEWRITER OR WRITE PLAINLY WITH DARK INK. DO NOT USE GREEN NOR RED INK. LEGAL COPIES CANNOT BE MADE IF ENTRIES ARE DIM

ALL ITEMS MUST BE COMPLETE AND ACCURATE

IF NO DOCTOR WAS IN ATTENDANCE MEDICAL CERTIFICATION SHOULD BE COMPLETED BY THE LOCAL HEALTH OFFICER, OR CORONER IF HE IS A PHYSICIAN OR IF INQUEST WAS HELD

VS-2—

ANY ALTERATIONS VOID THIS DOCUMENT

CERTIFICATE OF DEATH
STATE OF ALABAMA

21293

1. PLACE OF DEATH — a. County: Lowndes 43XX8 — b. Beat No.: 18 — c. City (If outside city or town limits, write RURAL) Or Town: Lowndes boro — d. Length of Stay (in this place): Life — e. Full Name of (If not in hospital or institution, give street address or location) Hospital or Institution: Lowndesboro

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) — a. State: Alabama 43XX8 — b. County: Lowndes — c. City (If outside city or town limits, write RURAL) Or Town: Burkville — d. Beat No.: 18 — d. Street Address (If rural, give location): Rt. 1 Box 83

3. Name Of DECEASED (Type or Print) — a. (First): ROGERS — b. Middle: 545 — c. (Last): HAMILTON

4. Date Of Death: Oct. 22, 1957

5. Sex: Male

6. Color or Race: Colored

7. Married, Never Married, Widowed, Divorced (Specify): Single

8. Date of Birth: Jan. 2, 1939

9. Age (In years last birthday): 18 — If under 1 Year: Months / Days — If Under 24 Hrs.: Hours / Min.

10a. Usual Occupation (Give kind of work done during most of working life, even if retired): Farming

10b. Kind of Business or Industry: Farm

11. Birthplace (State and county or foreign country): Lowndes County, Ala

12. Citizen of What Country? U.S.A.

13. Father's Name: Henry Hamilton

14. Mother's Maiden Name: Beatrice Lewis

15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service): No

16. Social Security No.:

17. INFORMANT'S NAME AND ADDRESS: Mrs. Beatrice Hamilton, Burkville, Ala.

18. Cause of Death — Enter only one cause per line for (a), (b), and (c)

"This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. Disease or Condition Directly Leading to Death* (a): Gunshot

Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

Due To (b):

Due To (c): 981X

II. Other Significant Conditions Conditions contributing to death but not related to the disease or condition causing death.

Interval Between Onset and Death:

19a. Date of Operation:

19b. Major Findings of Operation:

20. Autopsy? Yes ( ) No (✓)

21a. Accident Suicide, Homicide (Specify): Homicide

21b. Place of Injury (home, farm, factory, street, office bldg., etc.): In road

21c. (City, Town, or Rural) (County) (State): R.F.D. Lowndes, Ala.

21d. Time of Injury (Month) (Day) (Year) (Hour): Oct. 22, 1957 m.

21e. Injury Occurred While at Work ( ) Not While at Work ( )

21f. How Did Injury Occur? Was shot by person or persons unknown.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title): C. F. Ryals Sheriff Lowndes Co.

23b. Address: Haynneville Ala

23c. Date Signed: 10/24/57

24a. Burial, Cremation, Removal (Specify): Burial

24b. Date: Oct. 28, 1957

24c. Name of Cemetery or Crematory: LOWNDESBORO Haynneville

24d. Location (City, town, or county) (State): LOWNDESBORO Haynneville, Ala

Date Rec'd by Local Reg.: 10-24-57

Registrar's Signature: Mrs E. L. James

25. Funeral Director — Address: Lee's Funeral Home, Montgomery, Ala.

ALABAMA DEPARTMENT OF HEALTH AND U. S. PUBLIC HEALTH SERVICE COOPERATING

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2008-433-278-4

Dorothy S. Harshbarger

October 15, 2008

Dorothy S. Harshbarger, State Registrar