THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ALABAMA
Center for Health Statistics

Department of Commerce
Bureau of the Census

515 | 11683

CERTIFICATE OF DEATH
STATE OF ALABAMA—BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

Reg. District No. 37-53073 Certificate No.
To be filled out by local registrar

Margin Reserved For Binding. This is a permanent Record. Every item of information should be carefully supplied. Physicians: please write causes of death legibly and in terms which may be properly classified under the International Classification of Causes of Death.

Write plainly with unfading black ink.

New Form VS-2—30M—12-39

1. PLACE OF DEATH: Do Not Write Here 37-53073

County Jefferson Beat No. 53

City or Town Fairfield Ala.
(If outside corporate limits of city or town write RURAL)

Street address City Hall, Commerce St.
(If in hospital or institution, give name only)

Length of stay in place of death 30 Minutes
(specify in years, months and days)

Do Not Write Here 37-53073

2. USUAL RESIDENCE OF DECEASED
(For newborn infants give residence of mother)

State Alabama

County Jefferson Beat No.

City or Town Birmingham Ala.
(If outside corporate limits of city or town, write RURAL)

Street address 121 10th St.
(If rural, give R. F. D. and Box No.)

3. FULL NAME OF DECEASED
O.D.Henderson

4. Sex	5. White or colored race?
Male	Colored

6. Social Security Number	7. (a) Single, married, widowed or divorced?
418-10-6725	Single

7. (b) If married, widowed or divorced, give name and age of husband or wife (Name) Age if alive

8. Date of birth of deceased April 16 1915
(Month by name) (Day) (Year)

9. AGE: Years	Months	Days	If less than one day
25	0	22	hrs. min.

10. Birthplace Clark Co (City, town or county) Ala. (State or foreign country)

11. Usual occupation	12. Industry or business
Catcher	T.C.I. Sheet Mill

FATHER
13. Full Name Ben Henderson
14. Birthplace Clark Co. (City, town or county) Ala. (State or foreign country)

MOTHER
15. Full Maiden Name Lillie Wilson
16. Birthplace Clark Co. (City, town or county) Ala (State or foreign country)

17. MEDICAL CERTIFICATION

Date of death May (Month by name) 9 (Day) 1940 (Year)

	Duration of Condition Yrs	Mo	Da
Immediate cause of death: Gunshot Wounds of Chest and Abdomen			
166 Due to (Homicide)			
Due to			
Other important conditions not causally related to immediate cause			

Name of operation
Date of operation
Major findings of operation:
of autopsy: Yes, T.C.I.Hospt.

Attention Physician. Please underline the primary cause to which you believe this death should be charged

If woman, indicate pregnancy within 3 months of death (Yes or No)

I hereby certify that I attended the deceased from 5/9/40, 19, to 5/9/40, 19; that I last saw him alive on 5/9/40, 19; and that death occurred at 7:30 A. M. on the date stated above from causes given.

Attendant's own signature [signature], M. D.
Coroner
Date signed May 10, 1940
Address 1300 4th Ave Bessemer Ala.

18. VIOLENCE: If death was due to external causes, fill in following: Accident, suicide or homicide (specify) Homicide

Date of occurrence May (Month by name) 9 (Day) 1940 (Year)

Where did injury occur? Alabama (Name of State) Co
Fairfield (City or town) Jefferson (County) 53 (Beat No.)

Describe how injury occurred Shot.

CERTIFICATION OF PERSON IN CHARGE OF BODY

Burial, removal, cremation	Date thereof	Place of burial or cremation
Burial Oakdale Cem	May (Month by name) 16 Day 1940 Year	Brighton City or Town Jefferson County Ala. State

I certify that I am the person who was in charge of the body of the above decedent. The information was given by Ben Henderson, said to be related to the decedent as Father whose address is 121 10th St, Birmingham Ala.

Person's own signature Whitesides Funeral Home Date signed May (Month by name) 10 (Day) 1940 (Year)

20. **STATEMENT OF REGISTRAR**

Filed May 17, 1940 Permit Issued May 17, 1940 Registrar's own signature C.D.Dallas

This certificate must be filed with local registrar within 72 hours after death

ANY ALTERATIONS VOID THIS DOCUMENT

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This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2012-394-650-9

October 5, 2012

Catherine Molchan Donald
State Registrar of Vital Statistics