DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NO.
BIRTH NO.
REGISTRAR'S NO. 161

1. PLACE OF DEATH
a. COUNTY: NESHOBA (Dead body first discovered in County).
b. CITY, TOWN, OR LOCATION: PHILADELPHIA
c. 1 DAY
d. NAME OF HOSPITAL OR INSTITUTION
e. IS PLACE DEATH INSIDE CITY LIMITS? YES NO X

2. USUAL RESIDENCE
a. STATE: NEWYORK
b. COUNTY: NEW YORK
c. CITY, TOWN, OR LOCATION: NEW YORK CITY
d. STREET ADDRESS: 161 WEST 8th STREET
e. IS RESIDENCE INSIDE CITY LIMITS? YES X NO
f. IS RESIDENCE ON A FARM? YES NO XX

3. NAME OF DECEASED (Type or print): First: ANDREW; Middle:; Last: GOODMAN
4. DATE OF DEATH: 8/4/64
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED NEVER MARRIED X WIDOWED DIVORCED
8. DATE OF BIRTH: NOV. 23, 1943
9. AGE (In years last birthday): 20
10. IF UNDER 1 YEAR OR UNDER 1 DAY OLD: Months Days Hours Min.
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT AND CIVIL RIGHTS WORKER FOR COFO
12. KIND OF BUSINESS OR INDUSTRY
13. BIRTHPLACE (State or foreign country): NEW YORK
14. CITIZEN OF WHAT COUNTRY: U.S.A.
15. FATHER'S NAME: ROBERT GOODMAN
16. MOTHER'S MAIDEN NAME: CAROLYN DRUCKER
17. WAS DECEASED EVER IN U.S. ARMED FORCES? NO
18. SOCIAL SECURITY NO.: NONE
19. INFORMANT: ROBERT GOODMAN SAME AS ABOVE — Address

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gun shot wounds of an undetermined origin.
Conditions if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I.
INTERVAL BETWEEN ONSET AND DEATH
21. WAS AUTOPSY PERFORMED? YES X NO
22. ACCIDENT SUICIDE HOMICIDE
23. SPECIFY HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 20): Unknown
24. TIME OF INJURY: Hour, Month, Day, Year
25. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
26. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)
27. CITY, TOWN OR LOCATION — COUNTY — STATE

I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

28. SIGNATURE: Felton Jackson (CORONER)
29. ADDRESS: Rt. # 3, Philadelphia, Miss.
30. DATE SIGNED: 1/4/65

31. BURIAL, REMOVAL, CREMATION: BURIAL
32. DATE: 8/9/64
33. NAME OF CEMETERY OR CREMATORY: MT. JUDAH CEMETERY
34. LOCATION (City, town, or county): BROOKLYN, KING CO., NEW YORK
35. FUNERAL DIRECTOR: WRIGHT AND FERGUSON
ADDRESS: JACKSON, MISS
36. DATE REC'D BY LOCAL REG.: 1/4/65
37. REGISTRAR'S SIGNATURE: Ruth Hawkins

RIVERSIDE MEMORIAL CHAPEL, INC., N.Y.N.Y.

DEPUTY STATE REGISTRAR

Revised 1-1-56

CERTIFIED COPY OF RECORD OF DEATH

I, Archie Lee Gray, M.D., State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the death record of the person named therein, the original being on file in this office.

Given at Jackson, Mississippi, over my signature and under the official seal of my office, this the 14th. Day of January, 1965

A. L. Gray, MD

Archie Lee Gray, M.D., State Registrar