POLICE DEPARTMENT

CITY OF BIRMINGHAM

OFFENSE (ASSAULT) REPORT

_____ Station Date: 9-15 19 63

☐ MURDER ☐ MAYHEM ☐ RAPE ☐ SUICIDE — ASSAULT WITH INTENT TO COMMIT: ☐ MURDER ☐ ROBBERY ☐ MAYHEM ☐ RAPE ☐ SUICIDE

☐ NATURAL DEATH ☐ ACCIDENTAL DEATH ☐ _____ ☐ ACCIDENTAL INJURY ☐ _____

☐ _____ ☐ A. & B. ☐ _____ ☐ A. & B. W. W. ☐ DOG BITE _____

NAME OF VICTIM Johnnie Robinson Age 14 Color Colo Sex M

Address 1622 - 28 Pl. No. Business Address _____

Date injured 9-15-63 Time 4:40 P M How injured Shot gun wound

Probable motive _____

Describe in detail weapon used _____

Defendant: Name Jack Parker Alias _____

Address _____ Employed by Bham Police Dept. Officer

Age ____ Height ____ Weight ____ Color Colo Sex M Color of hair ____

Eyes ____ Teeth ____ Nationality ____ Build ____

Complexion ____ Marks and scars ____

How dressed when last seen ____

Complainant: Name ____ Address ____

Place of occurrence, exact address: 8th alley - 26 St. No

Disposition of weapon ____

If self inflicted, describe method ____

____ Motive ____

Name of relatives Martha Robinson - Mother

Address Same

If no relatives, get names of friends ____

Address ____

If arrest made, give name ____ Address ____

Witnesses:	Color:	Address:
P. C. Chick	Colo M 55	B'Pl - Car # 45 - Driver (12
W. D. Haney	" " 59	" " " - Rt. rear (36
J. E. Chadwick	" " 54	" " " - Rt. front (17

Additional remarks: ____

Name and address of person removing injured or dead: Smith & Carter

____ Hospital Hillman

Time of arrival 4:55 P.M. Attending physician: ____

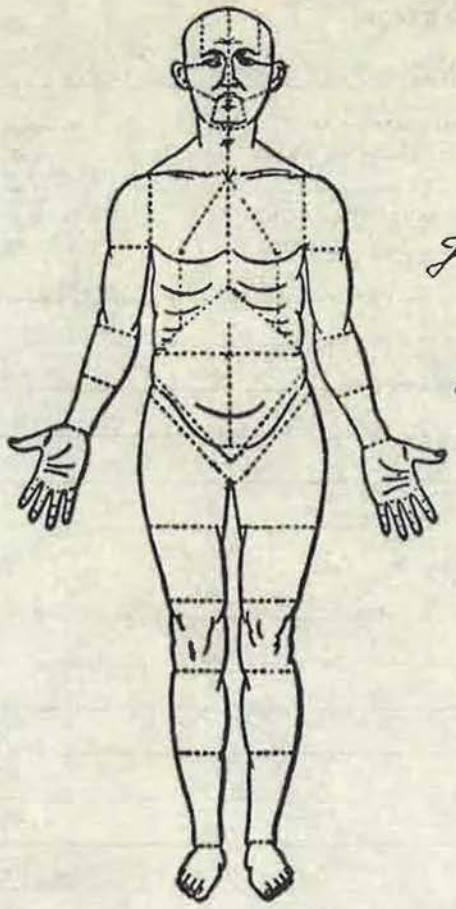
Extent of injury D.O.A.

Was injured person admitted? ____ Treated and dismissed? ____

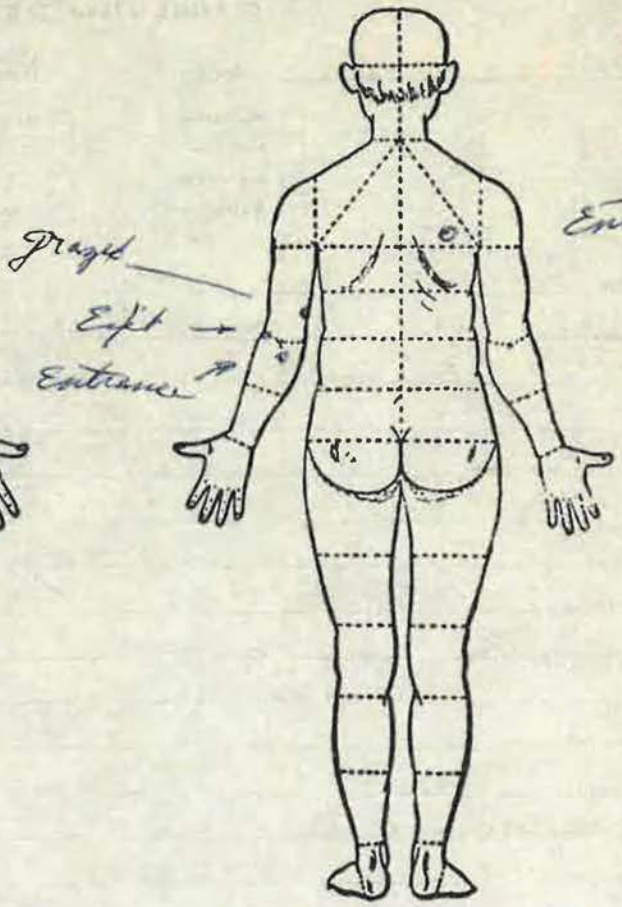
NOTE: This form must be made on all injuries and deaths, and forwarded to the office upon completion.

Arrest order filed ( ) Yes. ( ) No: If not, state reason ____

Police - 20 (over)



Sketch outline of human body
FRONT

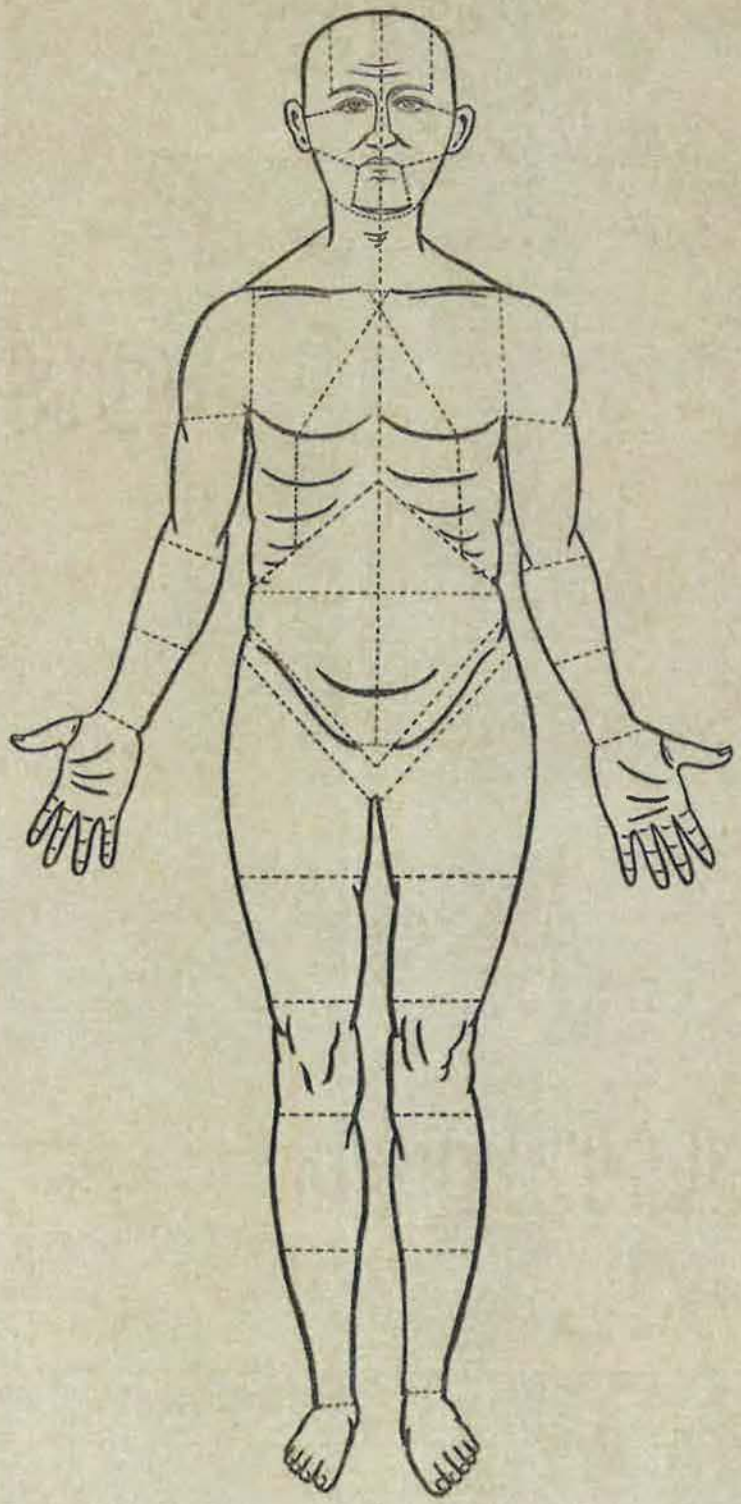


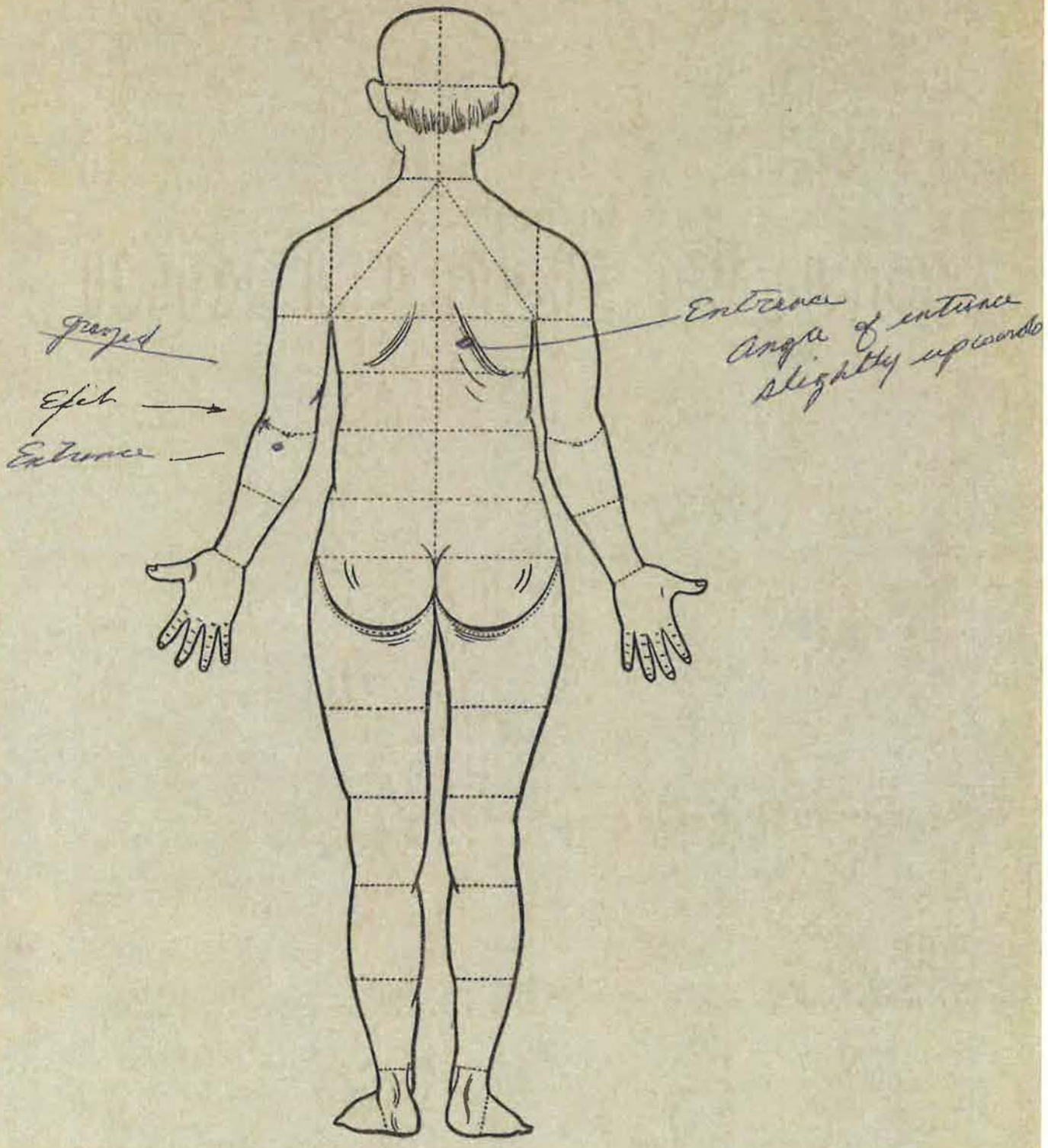
Sketch outline of human body
BACK

Dark Hat
Blue jean
ck Shirt
Knit Shirt

Remarks: Sidney Howell - Colored M 28 - 3322 - 6 one So - R Rear
Don Sykes - Colored M 17 - 3825 - 6 one So - Left Rear
Bud
Ann Shirley - Colored F 18 - 520 23 Pt Tr - Rear
Marvin Kent - Colored M 18 - 1905 - 13 one No - Brown
Jimmy Sparks - Colored M 16 - 859 - 5 RL, W.
Janice Montgomery - Colored F 14 - 1814 - 34 one No

Investigating Officer





THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED

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—

IBM_00043_02242023_004936

CERTIFICATE OF DEATH
STATE OF ALABAMA

1. PLACE OF DEATH — a. COUNTY: Jefferson | BEAT NO.
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) — a. STATE: Alabama | b. COUNTY: Jefferson

b. CITY, TOWN, OR LOCATION: Birmingham | c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☐
c. CITY, TOWN, OR LOCATON: Birmingham | e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☐ ON A FARM? YES ☐ NO ☐

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): D.O.A. Hillman Hospital | e. LENGTH OF STAY IN 1b
d. STREET ADDRESS: 622 - 28th Street, North

3. NAME OF DECEASED (Type or print): First: JOHNNIE | Middle: BROWN | Last: ROBINSON
4. DATE OF DEATH: Month, Day, Year: September 15th, 1963

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH: 2/25/47 | 9. AGE (In years last birthday): 16 | 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): Student | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Birmingham, Alabama | 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Johnnie Robinson, Sr. | 14. MOTHER'S MAIDEN NAME: Martha Manning | 14a. NAME OF SURVIVING SPOUSE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S NAME: Martha Robinson | Address: 622 - 28th Street, North

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gun shot wound of chest (back)
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 DISEASE CONDITION GIVEN IN PART I(a) — 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. (Probably) ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Struck by shot gun pellets

20c. TIME OF INJURY Hour: pp4:40 p. m. | Month, Day, Year: 9-15-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office): alley | 20f. CITY, TOWN, OR LOCATION: Birmingham | COUNTY: Jefferson | STATE: Alabama

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 4:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Coroner | 22b. ADDRESS: Birmingham, Alabama | 22c. DATE SIGNED: 9-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: 9/22/63 | 23c. NAME OF CEMETERY OR CREMATORY: Grace Hill Cemetery | 23d. LOCATON (City, town, or county) (State): Birmingham, Alabama

24 FUNERAL DIRECTOR ADDRESS: Smith and Gaston, B'ham., Ala. | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE