

# ALABAMA

## Center for Health Statistics

### CERTIFICATE OF DEATH

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

File No. for State Registrar Only.  
**16535**  
**0009**

1 PLACE OF DEATH Autaugus Registration District No. 26 Registered No. 0009  
County \_\_\_\_\_ Town or City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_, Ward \_\_\_\_\_

2 FULL NAME Jose Carpenter  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX m 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of married

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>49</u>				

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year) Aug 9 1924

17 I HEREBY CERTIFY, That I attended deceased from Aug 7 1924 to Aug 8 1924 that I last saw him alive on Aug 8 1924 and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH\* was as follows:  
Pneumonia

8 OCCUPATION OF DECEASED Farmer  
(a) Trade, profession or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer Ethan Latham

9 BIRTHPLACE (city or town) (State or country) Florida

10 NAME OF FATHER Carly Carpenter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fla

12 MAIDEN NAME OF MOTHER PTC

13 BIRTHPLACE OF MOTHER (city or town) (State or country) PTC

18 When was disease contracted if not at place of death? \_\_\_\_\_

19 Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? \_\_\_\_\_  
(Signed) A. K. [Signature] M. D.  
(Address) Dothanville Ala

24 Informant (Address) [Signature]

25 Filed 8/9 1924 by W. J. Berry Registrar

19 PLACE OF BURIAL, CREMATION, or REMOVAL Dothanville DATE OF BURIAL Aug 9 1924

20 UNDERTAKER J. W. Ray ADDRESS Dothanville Ala

ANY ALTERATIONS VOID THIS DOCUMENT

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



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. 2003-150-702-8

Dorothy S. Harshbarger  
Dorothy S. Harshbarger, State Registrar