

CERTIFICATE OF DEATH.

(Form No. 2.)

331

1. Full name of deceased Bill Aplin
2. Date of death, year 1909; month Nov; day 15; hour _____; A. M. _____; P. M. 5;
3. Place of birth of deceased, (state or country) Ala
4. Sex and color of deceased, white, m. 1 f. _____; black, m. _____ f. _____; mulatto, m. _____ f. _____
5. Place of death of deceased, county Barbour; beat 13;
6. City or town Clis ward _____; street and no. _____
7. How long did deceased reside at place of death? 1 year
8. Where was disease contracted? Home Duration of illness 2 wks
9. Chief or principal disease causing death Malarial Fever
10. Contributory disease causing death _____
11. Did deceased undergo a surgical operation, and if so when and of what nature? _____
12. Occupation of deceased Saw mill man
13. Age of deceased, years 32; months _____; days _____; married, single, or widowed? Married
14. Full name of father of deceased Joe Aplin
15. Place of birth of father of deceased, (state or country) Ala
16. Full name of mother of deceased Mrs Joe Aplin
17. Place of birth of mother of deceased (state or country) _____
18. Place of interment of deceased Antioch graveyard

Remarks _____

Reporter W. R. Inman

Post Office Clis

Date of report Dec 1st 1909

