CERTIFICATE OF DEATH

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

File No. for State Registrar Only: 16849

1 PLACE OF DEATH
County Coffee Registration District No. 16-0022 Registered No. 54
Town or City of " No. ___ St. ___ Ward ___
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jo L. 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. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: col
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

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

7 AGE Years 11 Months ___ Days ___ If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ala

PARENTS

10 NAME OF FATHER Fred Carpenter
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ala
12 MAIDEN NAME OF MOTHER Annie Belle [illegible]
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ala

14 Informant (Address)

15 Filed Sept 10, 1924 J J Francis Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1924

17 I HEREBY CERTIFY, That I attended deceased from Aug 18 1924 to Aug 19 1924
that I last saw h__ alive on Aug 19 1924
and that death occurred, on the date stated above, at 10 P m.
The CAUSE OF DEATH* was as follows:
Ileo colitis

113

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? Town

Did an operation precede death? No Date of ___
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) C. P. Haynes M. D.
(Address) Elba Ala

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional information.)

19 PLACE OF BURIAL, CREMATION, or REMOVAL: Rocky Head Cem.
DATE OF BURIAL: 8/20 1924

20 UNDERTAKER: [illegible] Rocky Head.
ADDRESS: Elba Ala

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE 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.

CERTIFICATE OF DEATH

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

File No. for State Registrar Only: 27411

1 PLACE OF DEATH Brownsville 16 Coffee Co
County Coffee Reg. District or Beat No. 16-006 Certificate No. 95
Town or City Enterprise Street or R. F. D. ____ Ward ____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

2 FULL NAME Wm Edgar Carpenter
(a) Residence, No. ____ Street or R. F. D. ____ Ward ____
(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
M	Wh	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Carpenter

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

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
75		VIVV	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer Billie Creech

9 BIRTHPLACE (city or town) Coffee Co
(State or country) Ala

PARENTS
10 NAME OF FATHER Sampson Carpenter
11 BIRTHPLACE OF FATHER (city or town) ____
(State or country) Ala
12 MAIDEN NAME OF MOTHER Eliza Ryals
13 BIRTHPLACE OF MOTHER (city or town) ____
(State or country) Ala

14 Informant (Address) R 4 Enterprise

15 Filed Jan. 9 1931 Mrs J. C. Foley Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 1930

17 I HEREBY CERTIFY, That I attended deceased from 12-20 1930 to 12-26 1930
that I last saw him alive on 12-26 1930
and that death occurred, on the date stated above, at 12 A m.
The CAUSE OF DEATH* was as follows:
Pellagra
(duration) 1 yrs. ____ mos. ____ ds.
CONTRIBUTORY (Secondary) Pendebelaly
(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted or did accident occur?

Was an operation performed? ____ Date of ____
For what disease or injury? ____
Was there an autopsy? ____
What test confirmed diagnosis? ____
(Signed) W. C. Brunnell M. D.
1-8 1931 (Address) Enterprise

19 PLACE OF BURIAL, CREMATION, or REMOVAL Piney Grove — DATE OF BURIAL 12-28 1930
20 UNDERTAKER Holley Hardware — ADDRESS Enterprise

*State the disease causing death; see other side for further instructions.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPORTANT. PHYSICIANS should state CAUSE 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.

ALABAMA
Center for Health Statistics

CERTIFICATE OF DEATH.

101-08-01142 (Form No. 2.) 480

1. Name of deceased. William Segars

2. Date of death, year 1908 ; month 4 ; day 16 ; hour 9 ; A. M. ; P. M.

3. Place of birth of deceased, (state or country) —

4. Sex and color of deceased, white, male f ; black, male f ; mulatto, male f

5. Place of death of deceased, county Coffee ; beat 17

6. City or town Enterprise ward 1 ; street and no —

7. How long did deceased reside at place of death? 5 or 6 years

8. Where was disease contracted? — Duration of Illness 3 weeks

9. Chief or principal disease causing death Prostatitis

10. Contributory disease causing death Cystitis

11. Did deceased undergo a surgical operation, and if so when and of what nature? no

12. Occupation of deceased retired farmer

13. Age of deceased, years 80 ; months — ; days — ; married, single, or widowed? widower

14. Full name of father of deceased —

15. Place of birth of father of deceased, (state or country)

16. Full name of mother of deceased —

17. Place of birth of mother of deceased (state or country)

18. Place of interment of deceased Enterprise

Remarks

Reporter P. T. Fleming

Post Office Enterprise Ala

Date of report 5 — 1 — 1908

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

CERTIFICATE OF DEATH

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

File No. for State Registrar Only. 19719

1 PLACE OF DEATH
County Coffee 1600 Reg. District No. 16-006 Certificate No. 243
Town or City Elba Street or R. F. D. 215 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Segars
(a) Residence No. (Usual place of abode) Street or R. F. D. Elba Hwy 52 Ward
(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 W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M
6a If married, widowed, or divorced HUSBAND of (or) WIFE of
6b DATE OF BIRTH (month, day, and year)
7 AGE Years 33 Months Days If LESS than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED
(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
9 BIRTHPLACE (City or town) (State or country)
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (City or town) (State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (City or town) (State or country)
PARENTS
14 Informant (Address)
15 Filed Nov 14 1949 M. Mallory Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/17 19 49
17 I HEREBY CERTIFY, That I attended deceased from 10/14 19 49 to 10/17 19 49
that I last saw h[illegible] alive on 10/16 19 49
and that death occurred, on the date stated above, at 7:00 PM
18 CAUSE OF DEATH* was as follows
Pellagra
(Duration) yrs. mos. da.
CONTRIBUTORY (Secondary) 54
(Duration) yrs. mos. da.
(a) Where was disease contracted if not at place of death?
(b) Did an operation precede death? Date of
Was there an autopsy?
What tests confirmed diagnosis?
(Signed) W. H. Rowe M. D.
(Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional information.)

19 PLACE OF BURIAL, Cremation, or Removal DATE OF BURIAL 11/18/49
20 UNDERTAKER Elba Hdw Furn Co ADDRESS Elba

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE 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.

Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true exact copy of the original certificate filed in the Center for Health Statistics, te of Alabama. Department of Public Health, Montgomery, Alabama, and have caused the cial seal of the Center for Health Statistics to be affixed. 2005-180-272-1

Dorothy S. Harshbarger

Gibson & DuBose 23931

Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

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

Reg. District No. 16-1902 Certificate No.
To be filled out by local registrar

Do Not Write Here 1617022

1. PLACE OF DEATH:
County COFFEE Reg. No. 17
City or Town (If outside corporate limits of city or town write RURAL) ENTERPRISE, Ala
Street address (If in hospital or institution, give name only) GIBSON HOSPITAL
Length of stay in place of death (Specify in years, months and days)

Do Not Write Here 1617022

3. USUAL RESIDENCE OF DECEASED (If non-resident, inform give residence of visitor)
State ALABAMA
County COFFEE Reg. No. 17
City or Town (If outside corporate limits of city or town write RURAL) COFFEE SPRINGS RURAL
Street address (If rural, give R. F. D. and Box No.) 262

4. FULL NAME OF DECEASED JESSIE CLAUDE SIGGERS
5. Sex MALE
6. If white, specify color WHITE
7. If married, widowed or divorced MARRIED
8. Social Security Number
9. (a) If married, widowed or divorced, give name and age of husband or wife (Name) CLARA MAE SIGGERS Yrs. Age if alive
10. Date of birth of deceased 1900 (Month by name) (Day) (Year)
11. AGE: Years 41 YRS. Months Days If less than one day hrs. min.
12. Birthplace (City, town or county) COFFEE (State or foreign country) ALABAMA
13. Usual occupation FARMING
14. Industry or business
15. Name of Father JONAH SIGGERS
16. Birthplace (City, town or county) D.K. (State or foreign country)
17. Maiden name of Mother LIZ. MARTHA HOUSTON
18. Birthplace (City, town or county) D.K. (State or foreign country)

Burial, removal, cremation: BURIAL
Date thereof: Sept. 30 1941 (Month by name) (Day) (Year)
Place of burial or removal: COFFEE ALA. (City or Town) (County) (State)

I certify that I am the person who was in charge of the body of the above deceased. The information was given by: MRS. CLARA MAE SIGGERS to be related to the deceased as WIFE whose address is COFFEE SPRINGS, ALABAMA RURAL.
Signature of person in charge of body: SCARBY FUNERAL HOME
Date signed: Sept. 30 1941 (Month by name) (Day) (Year)
By A. PARKER
Filed Sept 30 1941
Registrar's signature: R. Lewis Nash

STATEMENT OF PHYSICIAN

11. MEDICAL CERTIFICATION
Date of death Sept 29 1941 (Month by name) (Day) (Year)
I attended the deceased from ... to ...; that I last saw him alive on ...; and that death occurred at ... M. on the date stated above.
Attendant's own signature: James D. DuBose M. D.
Date signed 11-15 1941
Address Enterprise, Alabama.
Coroner: 1
12. VIOLENCE: If death was due to external causes, fill in following: Accident, suicide or homicide (specify)
Date of occurrence (Month by name) (Day) (Year)
Where did injury occur? (Name of Street) (City or town) (County) (State No.)
Describe how injury occurred.

Duration of Condition: Yrs. Mos. Da.
Cerebral Hemorrhage
Antecedent causes of death: Cerebral Sclerosis
Due to: High Blood Pressure
Due to: Arteriosclerosis
Other important conditions not normally related to immediate cause
Name of operation
Date of operation
Major findings of operation
Autopsy? Yes or No
Accepting 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)

Write plainly with unfading black ink. This is a permanent Record. Every item of information should be carefully supplied. Prophylaxis: please write cause of death legibly and in terms which may be properly classified under the International Classification of Causes of Death.

Dorothy S. Hershberger, State Registrar of Health Statistics, certify this is a true exact copy of the original, certificate filed in the Center for Health Statistics.

ALABAMA
Center for Health Statistics

101-13-03277 526

(Before making certificate read "Suggestions" on the reverse side of this form.)

Form No. 2

CERTIFICATE OF DEATH

1. Full name of deceased [Do not fail to give Full Name] John W. Pegare -
2. Date of death: Month Aug.; day 25; 1932; Hour: ....A. M. ....P. M.
3. Place of death (county) Coffee; beat ....
4. City or town ....; ward ....; street and No. ....
5. Place of birth of deceased (state or country) Ala
6. White or colored White; Male or female Male; Occupation Farmer -
7. How long did deceased reside at place of death? all Life
8. Where was disease contracted? ....; Duration of illness ....
9. Principal disease causing death Drowning
10. Contributory disease causing death ....
11. If homicidal, suicidal, or accidental state definitely how accomplished While out Rescuing, Jack out, or Cramped
12. Did deceased undergo a surgical operation, and if so, when and of what nature? Yes
13. Age: Years ....; months ....; days ....; single, married or widowed? Married
14. Full name of father of deceased Jacob Pegare - Ala
15. Birthplace of father (state or country) ....
16. Full name of mother of deceased Margaret Pegare - Ala
17. Birthplace of mother (state or country) ....
18. Place of interment Dead Kanard -
19. Remarks: ....

Date of Report Sept 10 1932; Remedies J. L. Akins; Post Office Kinston

CERTIFICATE OF DEATH

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

File No. 24

For County Use

1. PLACE OF DEATH
County Coffee Reg. District No. 6 Certificate No. 1
Town or City Enterprise Street or R. F. D. 4 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos. How long in U. S., if of foreign birth? yrs. mos.

2. FULL NAME Linnie Suggars
(a) Residence, No. Street or R. F. D. 4 Ward
(If non-resident, give city or town)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W.
5. Single, Married, Widowed, or Divorced (write the word): Married
If married, widowed, or divorced: HUSBAND of (or) WIFE of: May Suggars
6. DATE OF BIRTH (month, day, and year): 8-3-1889
7. AGE: Years 45 Months Days If LESS than 1 day, hours or minutes
8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, cotton mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Coffee County
13. NAME: Douglas Suggars
14. BIRTHPLACE (city or town) (State or country): Ala
15. MAIDEN NAME: Margaret Martin
16. BIRTHPLACE (city or town) (State or country): Coffee Co. Ala
17. INFORMANT (Address): Allen Suggars Enterprise Ala
18. BURIAL, CREMATION, OR REMOVAL: Place Date Dec 3, 1934
19. UNDERTAKER (Address): Jennings Funeral Home Inc Enterprise Ala
20. Filed 1-10-1934 J. M. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 1
22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw him alive on , 19 , and to have examined the body after death.
The principal cause of death and related causes of importance were as follows:
Dea'd When Call
Supposedly accu
Indigestion
Contributory causes of importance not related to principal cause:
118
Was an operation performed? No Date of
For what disease or injury?
What test confirmed diagnosis?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
No If so, what?
Signature: W. R. Parker
Address: Enterprise Ala

*Where the disease causing death was other than further information.

I, Dorothy S. Horshberger, State Registrar of Health Statistics, certify that 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

ALABAMA
Center for Health Statistics

101-17-04549 597

CERTIFICATE OF DEATH.

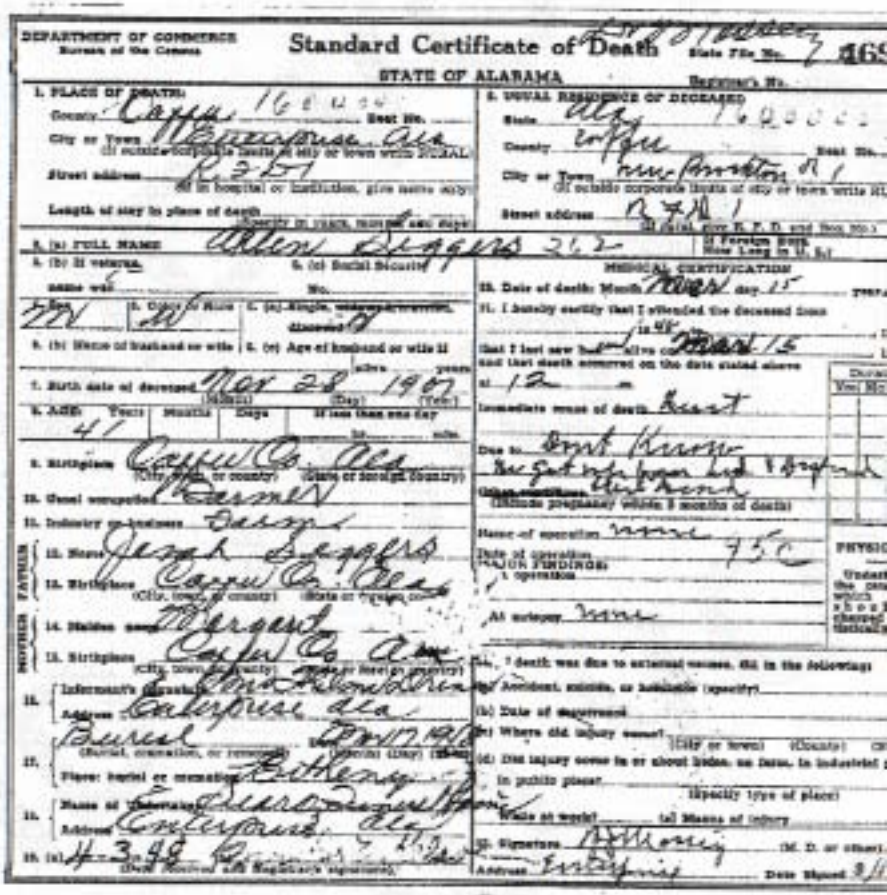
(Before making certificate read "Notice" on the reverse side of this form.)

1. Full name of deceased: Mrs Margrete Siggers
   (Do not fail to give Full Name.)
2. Date of death: Month Aug; Day 3; 1917; Hour ___ A. M. ___ P. M.
3. Place of death (county) Etowah; P. O. Gadsden R.F.D.
4. City or town ___; street and No. ___
5. Place of birth of deceased (state or country) Ala
6. White or ~~colored~~? ~~Mulatto~~ female? ___ Occupation Domestic
7. How long did deceased reside at place of death? 3 years
8. Where was disease contracted, if not at place of death? ___ Duration of illness Sudden
9. Principal disease causing death Epileptic Fits
10. Contributory disease causing death ___
11. If homicidal, suicidal, or accidental, state definitely how accomplished 195
12. Did deceased undergo a surgical operation, and if so when and of what nature? ___
13. Age: Years 50; months 7; days ___ ~~single, married or widowed~~? ___
14. Full name of father of deceased ___
15. Birthplace of father (state or country) Ala
16. Full name of mother of deceased ___
17. Birthplace of mother (state or country) Ala
18. Place of interment ___
19. Remarks: ___

Date of Report Aug 10 1917; Reported Jonathan H Lewis MD; Post Office Gadsden

S. Marshburger, State Registrar of Health Statistics, certify this is a true copy of the original certificate filed in the Center for Health Statistics, [illegible] Department of Public Health, Montgomery, Alabama, and have caused the

ALABAMA
Center for Health Statistics



DEPARTMENT OF COMMERCE
Bureau of the Census

Standard Certificate of Death

STATE OF ALABAMA

State File No. 469

Registrar's No.

1. PLACE OF DEATH:
County: Cayu
City or Town: Centerpoint Ala
(If outside corporate limits of city or town write RURAL)
Street address: R 3 Box
(If in hospital or institution, give name only)
Length of stay in place of death: (Specify in years, months and days)

2. USUAL RESIDENCE OF DECEASED
State: Ala
County: Cayu
City or Town: mr Anniston R 1
(If outside corporate limits of city or town, write RURAL)
Street address: R 7 M 1
(If rural, give R. F. D. and box no.)

3. (a) FULL NAME: Allen Driggers
(b) If veteran, name was:
(c) Social Security No.:
If Foreign Born, How Long in U. S.?

4. Sex: M
5. Color or Race: W
6. (a) Single, married, widowed, or divorced? M
(b) Name of husband or wife:
(c) Age of husband or wife if alive: years

7. Birth date of deceased: (Month) Nov (Day) 28 (Year) 1907
8. AGE: Years 47 Months Days If less than one day: hrs. min.
9. Birthplace (City, town, or county) Cayu Co. (State or foreign country) Ala
10. Usual occupation: Farmer
11. Industry or business: Farm
12. Name: Jesse Driggers
13. Birthplace (City, town, or county) Cayu Co. (State or foreign country) Ala
14. Maiden name: Margaret
15. Birthplace (City, town, or county) Cayu Co. (State or foreign country) Ala
16. Informant's signature: Mrs Lou Anderson
Address: Centerpoint Ala
17. Burial, cremation, or removal: Burial (Date) Dec 19 1926
Place: Bethany
18. Name of cemetery or crematory: Centerpoint Cem
Address: Centerpoint Ala
19. (a) Filed: Dec 31 1926 (Date received by Registrar)
(b) Registrar's signature:

MEDICAL CERTIFICATION

20. Date of death: Month Dec day 15 year
21. I hereby certify that I attended the deceased from Dec 15 to Dec 15, that I last saw h alive on Dec 15, and that death occurred on the date stated above at 12 m
Immediate cause of death: Heart
Due to: Dropsy
Contributing: Kidney
(Interval between onset and death)
Was operation performed for any condition found in Items 22 or 23? none
Date of operation: none
Major findings:
Operation:
Autopsy: none

24a. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

25. Signature: A Mooney (M. D. or other)
Address: Centerpoint Date Signed: 1/1

NOTE: INSTRUCTIONS ON OTHER SIDE

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.