

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.
11034

1 PLACE OF DEATH Carrington Registration District No. 3 Registered No. 20-0003
County _____ Town or City of Opp No. _____ St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Adeline Barnes
(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7 4 COLOR OR RACE BR 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(Write the word)

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

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

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

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

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

10 NAME OF FATHER Jacob Barnes

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

12 MAIDEN NAME OF MOTHER _____

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

14 Informant W. H. Barnes
(Address) Opp Ala

15 Filed 5-3-1928 M. A. Woodhouse
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-3-1928

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____.

The CAUSE OF DEATH* was as follows:
Did not have Doctor died from Heart failure
(duration) _____ yrs. mos. ds.

CONTRIBUTORY (Secondary) 205
(duration) _____ yrs. mos. ds.

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

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) Did not have M. D.
(Address) Doctor

*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

Opp cemetery 5-5-1928
20 UNDERTAKER ADDRESS Opp Ala

WHILE 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.

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

File No. for State
 Registration
 10282
 16272

1 PLACE OF DEATH Corington Dwight 20-5409
 County Leach No. 20 St. Leach Ward 509
 Town or City of Leachart

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Howard Barnes
 (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

MEDICAL CERTIFICATE OF DEATH

3 SEX Male **4 COLOR OR RACE** Negro **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Infant
 (Write the word)

16 DATE OF DEATH (month, day, and year) _____ **19** _____

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

17 I HEREBY CERTIFY, That I attended deceased from

6 DATE OF BIRTH (month, day, and year) June 29th 1923

_____ 19____ to _____ 19____
 that I last saw h_____ alive on _____ 19____

7 AGE Years _____ Months _____ Days 23 If LESS than 1 day _____ hrs. or _____ min.

and that death occurred, on the date stated above, at _____
The CAUSE OF DEATH was as follows:

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

203 (duration) _____ yrs. _____ mos. _____ ds.
18 Where was disease contracted _____
 If not at place of death?
19 (Address) _____

9 BIRTHPLACE (city or town) Leachart
 (State or country) Alabama

15 Did an operation precede death? _____ Date of _____
16 Was there an autopsy? _____

10 NAME OF FATHER Lige Barnes

17 What test confirmed diagnosis? _____

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

(Signed) _____ M. D.

12 MAIDEN NAME OF MOTHER Elmyra Williams

18 (Address) _____

13 BIRTHPLACE OF MOTHER (city or town) Lurline Ala
 (State or country)

19 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.)

14 _____
 (Address)

20 PLACE OF BURIAL, CREMATION, or REMOVAL. DATE OF BURIAL

15 8/22 1924 J. J. Matthews
 Registrar

21 UNDERTAKER _____ **ADDRESS** _____

MENTION SHOULD BE CAREFULLY SUPPLIED. ALL ENTRIES TO BE MADE IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Star Form VS-3-6 5-43
 Use typewriter or white plainly with unfading dark ink. Do not use green or red ink. Blanks containing dashes, crossed out or written over one another will not be accepted for registration. Physicians, please write causes of death legibly and in terms which may be properly classified under the International Classification of Causes of Death.

DEPARTMENT OF COMMERCE Bureau of the Census		Standard Certificate of Death		State File No. 17090
STATE OF ALABAMA				Registrar's No. 200903-25
1. PLACE OF DEATH: County <u>Compton</u> Beat No. <u>9</u> City or Town <u>Harold</u> <small>(If outside corporate limits of city or town write RURAL)</small> Street address <u>1013 North 8 Street</u> <small>(If in hospital or institution, give name only)</small> Length of stay in place of death <u>all her life</u> <small>(Specify in years, months and days)</small>		2. USUAL RESIDENCE OF DECEASED State <u>Alabama</u> County <u>Compton</u> Beat No. <u>9</u> City or Town <u>Harold</u> <small>(If outside corporate limits of city or town write RURAL)</small> Street address <u>1013 North 8 Street</u> <small>(If rural, give R. F. D. and Box No.)</small>		
3. (a) FULL NAME <u>Ada May Barnes</u> 652 3. (b) If veteran, name war _____ No. _____ (c) Social Security No. _____		MEDICAL CERTIFICATION 20. Date of death: Month <u>Apr</u> day <u>4</u> year <u>1943</u> hour <u>7 PM</u> N. M. or P. M. 21. I hereby certify that I attended the deceased from <u>8</u> <u>1943</u> to <u>9/4</u> , 19 <u>43</u> that I last saw her alive on <u>9/4</u> , 19 <u>43</u> and that death occurred on the date and hour stated above.		
4. Sex <u>F</u> 5. Color or Race <u>Col</u> 6. (a) Single, widowed, married, divorced <u>Single</u> 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ alive _____ years		7. Birth date of deceased <u>Jan</u> <u>16</u> <u>1925</u> <small>(Month) (Day) (Year)</small> 8. AGE: Years <u>18</u> Months <u>9</u> Days <u>17</u> <small>If less than one day hr min.</small>		
8. Birthplace <u>Lockhart Ala</u> <small>(City, town, or county) (State or foreign country)</small> 10. Usual occupation <u>House work</u> 11. Industry or business _____		Immediate cause of death <u>Menigitis Fla</u> Due to _____ Other conditions <small>(Include pregnancy within 3 months of death)</small> _____		
MOTHER 12. Name <u>Joney Barnes</u> 13. Birthplace <u>Montgomery, Co Ala</u> <small>(City, town, or county) (State or foreign country)</small> 14. Maiden name <u>Katie Car</u> 15. Birthplace <u>Ascodal Ala</u> <small>(City, town, or county) (State or foreign country)</small>		MAJOR FINDINGS: On operation _____ At autopsy _____ 22. 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? _____ <small>(City or town) (County) (State)</small> (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ <small>(Specify type of place)</small> While at work? _____ (e) Means of injury _____		
FATHER 16. (a) Informant's signature <u>Jony Barnes</u> (b) Address <u>Harold Ala</u> 17. (a) (Burial, cremation, or removal) _____ (b) Date <u>9/6/43</u> <small>(Month) (Day) (Year)</small> (c) Place: burial or cremation <u>Burial</u>		18. (a) Signature, General Director <u>A. McLesey</u> (b) Address <u>De Funiak Springs Ala</u> 19. (a) Date received local registrar <u>9/6</u> (b) Registrar's signature <u>H. Matthews</u> 43 		
23. Signature <u>J. W. Halloway</u> (M. D. or other) _____ Address <u>Harold Ala</u> Date Signed <u>9/5/43</u>		DURATION _____ PHYSICIAN _____ <small>Underline the cause to which death should be charged statistically.</small>		

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.

7590

1 PLACE OF DEATH
County Prichard Registration District No. 20 Registered No. 5709
Town or City of Flomaton Ala. St. Luther Hospital Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Almeta Berna

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

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 F 4 COLOR OR RACE wh. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word) married

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

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

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
36

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.

Domestic Assistant of spinal cord

(b) General nature of industry, business, or establishment in which employed (or employer)

X

(c) Name of employer _____

9 BIRTHPLACE (city or town) Prichard Ala.
(State or country)

10 NAME OF FATHER Charles Williamson

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

12 MAIDEN NAME OF MOTHER Luzie Parks

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 25 1924

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1924, to April 25, 1924, that I last saw him alive on April 25, 1924 and that death occurred, on the date stated above, at 10 P. m. The CAUSE OF DEATH* was as follows:

Gun shot penetrating through 1st. thoracic vertebra of spinal cord

(Duration) yrs. mos. ds.

CONTRIBUTION (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted (not at place of death)? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) J. F. Holley M. D.

(Address) Flomaton, 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 DATE OF BURIAL

Luther Ala. 1924

20 UNDERTAKER ADDRESS

Shepherd Fur Co Flomaton, Ala.

14 Informant Eliza Berna
(Address) Luther Ala.

15 Filed 4/25 1924 J. F. Holley
Registrar

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.

PARENTS

CERTIFICATE OF DEATH 20-5009

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

File No. for State Registrar Only.
2574

1 PLACE OF DEATH
County Madison Registration District No. 76 Registered No. _____
Town or City of Loachport in Calhoun No. 1 St. Beal 9 Ward _____

2 FULL NAME Wm. Qui Barnes (BARNES)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)
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 Male 4 COLOR OR RACE Blk 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word) Widow

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

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

8 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
Very old
Don't know

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dependent on sons
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None
Don't know

10 BIRTHPLACE (city or town) Don't know
(State or country)

11 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) Don't know
(State or country)

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) Don't know
(State or country)

14 Informant Arthur Barnes
(Address) Loachport Ala

15 Filed for R. 1951 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18 1951

17 I HEREBY CERTIFY That I attended deceased from _____ to _____ 1951
and that death occurred on the date stated above at _____
The CAUSE OF DEATH was as follows:
No attend
attended at home
He died at age
164

18 Where was disease contracted _____
if not at place of death? _____
Did an operation precede death? _____
Was there an autopsy? _____
What test confirmed diagnosis? _____

CONTRIBUTORY (Secondary) _____
(Occupation) _____ yrs. mos. da.

19 Where was disease contracted _____
if not at place of death? _____

Did an operation precede death? _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) _____, 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 Loachport Ala DATE OF BURIAL _____

20 Undertaker Jackson Stovess ADDRESS Loachport

WRITE PLAINLY IN INK. PRINTING SHOULD BE USED EXCEPT WHERE SHOWN OTHERWISE. AGE SHOULD BE EXACTLY EXPRESSED. OCCUPATION SHOULD BE EXACTLY EXPRESSED. 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.

Form No. 2

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

CERTIFICATE OF DEATH.

1. Full name of deceased Guine Smith
(Do not fail to give full name.)

2. Date of death: Month Oct. ; day 27 ; 1946; Hour: A. M. / P. M.

3. Place of death (county) Cornington P. O. Falco

4. City or town _____ ; street and No. _____

5. Place of birth of deceased (state or country) Georgiana

6. White or colored? Col. Male or female? F. Occupation H. D.

7. How long did deceased reside at place of death? 7 days

8. Where was disease contracted? ✓ Duration of illness 6-8 days

9. Principal disease causing death Mitral Insufficiency

10. Contributory disease causing death Heart block

11. If homicidal, suicidal, or accidental, state definitely how accomplished. ✓

12. Did deceased undergo a surgical operation, and if so when and of what nature? ✓

13. Age: Years 62; months _____ ; days _____ ; single, married or widowed? W

14. Full name of father of deceased ✓

15. Birthplace of father (state or country) ✓

16. Full name of mother of deceased ✓

17. Birthplace of mother (state or country) ✓

18. Place of interment Georgiana, Ala

19. Remarks: _____

Reporter H. N. Waters

Date of Report Nov. 1, 1946 Post Office Falco, Ala

RECORD OF DEATH

Registration District No. 201600 Registered No. 9
 1. Place of Death: _____
 County Rowington Beat No. 6
 City or Town Andalusia
 or R. F. D. 6
 1a. Place of Residence: _____
 County Rowington Beat No. 6
 City or Town Andalusia
 or R. F. D. 6
 Length of Residence where Death occurred _____ years,
 _____ months, _____ days.
 2. Full Name Tom A. J. Barton
 3. Sex Male 4. Color W. 5. Single, married,
 widowed or divorced Widow
 5a. If married, widowed or divorced, husband or wife
 of _____
 6. Date of Birth Sept. 30, 1878
 7. Age 60 yrs., _____ mos., _____ days, _____ hrs.
 8. Occupation Yd. W.
 9. Industry or business in which work was done Own home
 12. Birthplace Ala.
 13. Name of Father Tom Aplin
 14. Birthplace of Father Ala.
 15. Maiden Name of Mother Margaret Jenny
 16. Birthplace of Mother Ala.
 17. Name of Informant E. D. Barton
 18. Place of burial Andalusia Date of burial 11-3-38
 19. Undertaker Foreman Address Andalusia
 20. Date Certificate filed 12-1-38
 21. Date of Death 11-1-38
 22. Cause of Death Excessive chronic
Contributory _____ Duration of _____
by _____ condition _____ yrs. _____ mos. _____ days
 24. Attending Physician D. S. Wood
 Address Andalusia
 Burial Permit Issued _____
Mr. Harrelment Registrar

CERTIFICATE OF DEATH

Form No. 2

400

1. Full name of deceased Linnie Aplin
(Do not fail to give Full Name)
 2. Date of death: Month July; day 29; year 1912; Hour: 8 A. M., P. M.
 3. Place of death (county) Livingston; beat 1
 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? Female Occupation none
 7. How long did deceased reside at place of death? 3 yrs
 8. Where was disease contracted? _____ Duration of illness 4 wks.
 9. Principal disease causing death Septicemia
 10. Contributory disease causing death Pneumonia & Fever
 11. If homicidal, suicidal, or accidental, state definitely how accomplished _____
 12. Did deceased undergo a surgical operation, and if so when and of what nature? _____
 13. Age: Years 10; months _____; days _____; single, married or widowed? single
 14. Full name of father of deceased J C Aplin
 15. Birthplace of father (state or country) Ala
 16. Full name of mother of deceased Mrs J C Aplin
 17. Birthplace of mother (state or country) Ala
 18. Place of interment Greenwood
 19. Remarks: _____
- Date of Report 8/1/12 191____ Post Office Andalus

Linnie Aplin
 Buried Gravel
 Hill Cemetery
 Butler Co. Ala

CERTIFICATE OF DEATH

STATE OF ALABAMA—BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH

File No. for State Registrar Only.

8473

5707

1 PLACE OF DEATH

County Covington 2000 Reg. District or Beat No. 20 Certificate No. 5707
 Town or City Lackhat sec House 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 1 yrs. 00 mos. 00 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 FULL NAME

Manda Aplin
 (a) Residence, No. sec House Lackhat Street or R. F. D. _____, Ward _____
(Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7 AGE 69 Years Months Days **If LESS than 1 day,** hrs. min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer

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

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) Dont Know
(State or country)

12 MAIDEN NAME OF MOTHER Nancy Byrd

13 BIRTHPLACE OF MOTHER (city or town) Dont Know
(State or country)

14 Informant Jam Aplin
(Address) Lackhat Ala

15 Filed 4/27 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/27 1928

17 I HEREBY CERTIFY, THAT attended deceased from no treatment
 that I last saw him alive on
 and that death occurred, on the date stated above, at
 The CAUSE OF DEATH* was as follows:

General Paralysis
Cerebral hemorrhage
8-9 (duration) yrs. mos. ds.
EPH
CONTRIBUTORY 74
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted or did accident occur,
 If not at place of death?

Was an operation performed? Date of

For what disease or injury?

Was there an autopsy?

What test confirmed diagnosis?
 (Signed) W. H. Williams M. D.
4/28 1928 (Address) Lakewood Ala

19 PLACE OF BURIAL, CREMATION, or REMOVAL new Hope cemetery **DATE OF BURIAL** 4-28-1928

20 UNDERTAKER Shepherd **ADDRESS** Kurn Co. Brook Ala

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

Important! See instructions on back of certificate. MANDATORY: WITH CAUTION, THIS IS A LEGAL DOCUMENT. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

PARENTS

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

11

Form No. 2

CERTIFICATE OF DEATH.

1. Full name of deceased Miss Aplin
(Do not fail to give Full Name)
2. Date of death: Month Feb; day 23; 1914. Hour: 2 A. M. P. M.
3. Place of death (county) Covington; beat _____
4. City or town _____; ward _____; street and No. _____
5. Place of birth of deceased (state or country) Covington
6. White or colored? W Male or female? F Occupation _____
7. How long did deceased reside at place of death? 20 yrs
8. Where was disease contracted? home Duration of illness 3 weeks
9. Principal disease causing death Pneumonia
10. Contributory disease causing death Catarrhal fever
11. If homicidal, suicidal, or accidental, state definitely how accomplished _____
12. Did deceased undergo a surgical operation, and if so when and of what nature? _____
13. Age: Years 22; months _____; days _____; single, married, or widowed? Single
14. Full name of father of deceased Alley Aplin
15. Birthplace of father (state or country) Covington
16. Full name of mother of deceased _____
17. Birthplace of mother (state or country) _____
18. Place of interment _____
19. Remarks: _____
- Reporter T. E. Dalton
- Date of Report Mar 1 1914 . Post Office Opp Ala

CERTIFICATE OF DEATH
STATE OF ALABAMA

25674

1. PLACE OF DEATH a. County Covington 20XX8		b. Beat No. 15	2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. State Alabama 20XX8		b. County Covington
c. City (If outside city or town limits, write RURAL) Or Town Rural		d. Length of Stay (in this place)	d. Beat No. 15		
e. Full Name of (If not in hospital or institution, give street address or location) Hospital or Institution Residence			d. Street Address Rt. 6, Andalusia, Alabama		
3. Name of DECEASED (Type or Print) Liller		a. (First) Jane	b. Middle	c. (Last) Aplin 145	d. Date (Month) (Day) (Year) Dec. 18, 1959
5. Sex F	6. Color or Race W	7. Married, Never Married, Widowed, Divorced (Specify) Widowed	8. Date of Birth 1/14/1872	9. Age (In years last birthday) 87	10. Under 1 Year Months Days 1 1
10a. Usual Occupation (Give kind of work done during most of working life, even if retired)		10b. Kind of Business or Industry		11. Birthplace (State and county or foreign country) Covington Co. Ala. 1	
12. Father's Name Noah Parker		14. Mother's Maiden Name Isabelle Russell		12. Citizen of What Country? U.S.A.	
15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) 0		16. Social Security No.		17. INFORMANT'S NAME AND ADDRESS Claude Aplin, B'ham, Alabama	

18. Cause of Death Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. Disease or Condition Directly Leading to Death* (a) ischemia Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due To (b) C. Brad Vanden accident Due To (c) 33IX			Interval Between Onset and Death
19a. Date of Operation		19b. Major Findings of Operation Fracture of hip		20. Autopsy? Yes () No (X)	
21a. Accident Suicide, Hemiside	(Specify)	21b. Place of Injury (home, farm, factory, street, office bldg., etc.)	21c. (City, Town, or Rural) (County) (State)		
21d. Time (Month) (Day) (Year) (Hour) of Injury	21e. Injury Occurred While at m. Work ()	21f. How Did Injury Occur?			
22. I hereby certify that I attended the deceased from Nov 12, 1959 , to Dec 18, 1959 , that I met with the deceased alive on Dec 18, 1959 , and that death occurred at 3:50 A. M. from the cause and on the date stated above.					
23a. SIGNATURE B. L. Liller		(Degree or title) MD	23b. Address Andalusia, Ala	23c. Date Signed 12-28-59	
24a. Burial, Cremation, Memorial (Specify) Burial	24b. Date 12/19/1959	24c. Name of Cemetery or Crematory Oak Grove	24d. Location (City, town, or county) Covington Co. Alabama		24e. Address
25. Date Rec'd by Local Registrar 12-28-59		25a. Registrar's Signature Lucifer's Council		25b. Funeral Director James H. Thibodeaux	

**CERTIFICATE OF DEATH
STATE OF ALABAMA**

13016

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RECORD AND
WILL BE PER-
MANENTLY
FILED**

**SEE OTHER
SIDE**

**FILL IN
WITH A
TYPEWRITER
OR WRITE
PLAINLY
IN INK
DO NOT
USE PENCIL
FOR 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 CER-
TIFICATION
SHOULD BE
COMPLETED
BY THE LOCAL
HEALTH
OFFICER, OR
CORNER IF
HE IS A
PHYSICIAN OR
IF INQUEST
WAS HELD**

1. PLACE OF BIRTH a. County Covington b. Dist No. 9		2. USUAL RESIDENCE (Where deceased lived, if institution; resi- dence before admission) a. State Alabama b. County Covington c. City (if outside city or town limits, write RURAL) Or Town Florala d. Dist No. 9	
3. City (if outside city or town limits, write RURAL) a. Floral, Ala. b. Length of Stay (On this place) Life		4. Street Address (If rural, give location) West 5th Ave	
5. Name of DECEASED (Type or Print) a. (First) John b. Middle Thomas c. (Last) Aplin		6. Date (Month) (Day) (Year) of Death July 12 1955	
7. Sex Male	8. Color or Race White	9. Married, Never Married, Widowed, Divorced (Specify) Married	10. Date of Birth (Last birthday) June 11 1888
11. Date of Birth (Last birthday) June 11 1888		12. Age (In years) (Months) (Days) (Hours) (Mins.) 67	13. If under 1 Year (Months) (Days) (Hours) (Mins.)
14. Date of Birth (Last birthday) June 11 1888		15. Age (In years) (Months) (Days) (Hours) (Mins.) 67	16. If under 1 Year (Months) (Days) (Hours) (Mins.)
17. Date of Birth (Last birthday) June 11 1888		18. Age (In years) (Months) (Days) (Hours) (Mins.) 67	19. If under 1 Year (Months) (Days) (Hours) (Mins.)
10. Usual Occupation (Give kind of work done during most of working life, even if retired) Night Watchman		11. Kind of Business or Industry Const. Co.	12. Strikings (State and county or foreign country) Okaloosa (Fla.)
13. Citizen of What Country? USA		14. Father's Name William T. Aplin	
15. Mother's Maiden Name Martha Harrison		16. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) No	
17. Social Security No.		18. INFORMANT'S NAME AND ADDRESS Mrs. Ida Aplin, W 5th Ave, Florala	
19. Cause of Death (Enter only one cause per line for (a), (b), and (c)) Coronary Occlusion		20. Interval Between Onset and Death 2 years	
21. Immediate Cause of Death (Specify) Arteriosclerotic Card		22. Due To (b) Yes. Not Sure	
23. Other Significant Conditions (Conditions contributing to death but not related to the disease or condition causing death) Arterio 4201		24. Major Findings of Operation Sclerotic cord 00	
25. Date of Operation		26. Autopsy? Yes () No ()	
27. Accidents (Specify) None		28. Place of Injury (Home, farm, factory, street, office bldg., etc.)	
29. (City, Town, or Rural)		30. How Did Injury Occur?	
31. Name (Month) (Day) (Year) (Hour) July 7 1955		32. Injury Occurred White at Work () Not White at Work ()	
33. I hereby certify that I attended the deceased from July 7 1955 to July 12 1955 and that death occurred on July 12 1955 , from the cause and on the day stated above.		34. Name (Degree or title) C. N. Markewich M.D.	
35. Address Floral, Ala.		36. Date Signed July 15 1955	
37. Name of Cemetery or Crematory Burial		38. Location (City, town, or rural) (State) Floral, Ala.	
39. Date of Burial July 14 1955		40. Name of Funeral Director Clear Springs	
41. Address Floral, Ala.		42. Address Stella Rt. Florala, Alabama	

1959
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WAS HELD

CERTIFICATE OF DEATH
STATE OF ALABAMA

28121

1. PLACE OF DEATH a. COUNTY Covington 20035		b. CITY, TOWN, OR LOCATION Florala, Alabama		3. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE Alabama b. COUNTY Covington	
c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. CITY, TOWN, OR LOCATION Floralal, Ala 20035		d. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
d. NAME OF HOSPITAL OR INSTITUTION West 5th Ave		e. LENGTH OF STAY IN IN- Life		d. STREET ADDRESS West 5th Ave	
4. NAME OF DECEASED (Type or print) IDA		First MIDDLE LAST DREDDING APLIN		4. DATE OF DEATH Month Day Year Nov 20 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 30, 1894	9. AGE (In years last birthday) 65	10. IF UNDER 1 YEAR (If under 24 hrs) Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 20 Alabama - Fla	
12. FATHER'S NAME		13. MOTHER'S MAIDEN NAME		14a. NAME OF SURVIVING SPOUSE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 0		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME Address	
19. CAUSE OF DEATH (Enter only one cause unless for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thromboses</u>				INTERVAL BETWEEN ONSET AND DEATH 332X	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 19.)			
20c. TIME OF HOUR Month, Day, Year INJURY a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <u>NOV 5 1959</u> to <u>NOV 20 1959</u> and last saw her alive on <u>NOV 20</u> at <u>3:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>P. N. Maulsby MD</u>		22b. ADDRESS Floralal, Alabama		22c. DATE SIGNED 12/16/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>NOV 22, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CLEAR SPRINGS</u>	
23d. LOCATION (City, town, or county) <u>FLORALAL ALA</u>		23e. LOCAL REG. BY <u>Joe R. Giam</u>			
24. FUNERAL DIRECTOR <u>Joe R. Giam</u>		25. DATE RECD. BY LOCAL REG. <u>12/31/59</u>		26. REGISTRANT'S SIGNATURE <u>CHM</u>	

MARGIN RESERVED FOR BINDING

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.

For County Use		CERTIFICATE OF DEATH				File No. for State Registrar Only.
DEC 27 1935		STATE OF ALABAMA—BUREAU OF VITAL STATISTICS				23437
		STATE BOARD OF HEALTH				
1. Place of Death		County <u>Washington</u>		Reg. District or Beat No. <u>20-0015</u>	Certificate No.	
City or Town <u>Washington</u>		Street or RFD No. <u>6</u>		Street		
1a. Place of Residence: State <u>Ala.</u>		Length of residence where death occurred		yrs.	mos.	days
County <u>Washington</u>		Beat <u>15</u>		Street		
City or Town <u>Washington</u>		R.F.D. <u>6</u>		No.		
2. FULL NAME <u>Mary Elizabeth Aplin</u>						
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>Nov. 27, 1935</u>		
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of		5. DATE OF BIRTH (month, day, and year) <u>Nov. 15, 1935</u>		22. HEREBY CERTIFY, That I attended deceased from <u>Nov 18, 1935</u> to <u>Nov 18, 1935</u>		
7. AGE		Years <u>0</u>	Months <u>0</u>	Days <u>12</u>	I last saw her alive on <u>Nov 18, 1935</u> , death is said to have occurred on the date stated above, at <u>5 P.M.</u>	
		If LESS than 1 day, hrs. or min.		The principal cause of death and related causes of importance in order of importance were as follows: <u>Premature (7 mo)</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>None</u>		Date of onset		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>None</u>		Contributory causes of importance not related to principal cause: <u>159</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Was an operation performed? _____ Date of _____		
12. BIRTHPLACE (city or town) (State or country)		<u>West Co Ala</u>		For what disease or injury? _____		
13. NAME <u>Vester Aplin</u>		14. BIRTHPLACE (city or town) (State or country) <u>West Co Ala</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____		
15. MAIDEN NAME <u>Essie Mae Polen</u>		16. BIRTHPLACE (city or town) (State or country) <u>West Co Ala</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury? _____ 19____		
17. INFORMANT <u>Vester Aplin</u> (Address) <u>West Co Ala</u>		18. BURIAL, CREMATION, OR REMOVAL		Where did injury occur? _____ (Specify city or town, county, and State)		
18. BURIAL, CREMATION, OR REMOVAL		Place <u>West Co Ala</u> Date <u>11/28, 1935</u>		Specify whether injury occurred in industry, in home, or in public place.		
19. UNDERTAKER <u>Wright Co Ala</u> (Address) <u>West Co Ala</u>		20. Filed <u>12-9-35</u> <u>B. M. Darby</u> Registrar		Manner of injury _____ Nature of injury _____		
20. Filed <u>12-9-35</u> <u>B. M. Darby</u> Registrar		24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____ (Signed) <u>R. P. Gumpson</u> M. D. <u>11/27 1935</u> (Address) <u>West Co Ala</u>				

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

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WAS HELD

VB-2-

CERTIFICATE OF DEATH
STATE OF ALABAMA

25369

Holley

1. PLACE OF DEATH a. County COVINGTON 20056 b. Beat No.		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. State ALABAMA b. County COVINGTON	
c. City (if outside city or town limits, write RURAL) Or LOCKHART d. Length of Stay Life (in this place)		c. City (if outside city or town limits, write RURAL) Or Lockhart 20056 d. Beat No.	
a. Full Name of (if not in hospital or institution, give street address Hospital or Institution) Lockhart Ala		d. Street Address Lockhart Ala	
1. Name of DECEASED (Type or Print) a. (First) DONIA b. Middle) 615 c. (Last) CARPENTER		4. Date (Month) (Day) (Year) Of Death NOV 19 1957	
2. Sex Female	4. Color or Race White	7. Married, Never Married, Widowed, Divorced (Specify) Married	8. Date of Birth (In years last birthday) Jun 28, 1874 84
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) Housewife		10b. Kind of Business or Industry Domestic	
11. Birthplace (State and county or foreign country) Coffee Co Ala		12. Citizen of What Country? USA	
13. Father's Name Bill Philips		14. Mother's Maiden Name Suzie Hall	
15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) No		16. Social Security No. 0	
17. INFORMANT'S NAME AND ADDRESS Ed Carpenter-Lockhart, Alabama		18. Cause of Death (Enter only one cause per line for (a), (b), and (c))	
I. Disease or Condition Directly Leading to Death* (a) Stroke of unknown cause		MEDICAL CERTIFICATION Interval Between Onset and Death	
Antecedent Causes (b) Arteriosclerosis		Due To (b) Arteriosclerosis 421X	
*This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.		Due To (c)	
II. Other Significant Conditions (Conditions contributing to death but not related to the disease or condition causing death.)		20. Autopsy? Yes () No ()	
19a. Date of Operation		19b. Major Findings of Operation	
21a. Accident (Specify) Suicide, Homicide		21b. Place of Injury (home, farm, factory, street, office bldg., etc.)	
21c. (City, Town, or Rural) (County) (State)		21d. (City, Town, or Rural) (County) (State)	
21e. Time (Month) (Day) (Year) (Hour) 11-12 1957		21f. Injury Occurred While at () Not While at () Work () at Work ()	
21g. How Did Injury Occur?		21h. How Did Injury Occur?	
18. I hereby certify that I attended the deceased from 11-12 1957 to 11-19 1957 that I last saw the deceased alive on 11-17 1957 and that death occurred at 10PM m., from the cause and on the date stated above.			
22a. SIGNATURE [Signature]		22b. Address Florala, Alabama	
22c. Date Signed Nov 22, 1957		22d. Date Signed	
23a. Burial, Crema- (See General (Specify)) Burial		23b. Date Nov 20, 1957	
23c. Name of Cemetery or Crematory Weeks Cemetery		23d. Location (City, town, or county) (State) Kinston Alabama	
Date Rec'd by Local Registrar's Signatures JAN 13 1958		24. Funeral Director JOE EWANS	
24. Local Registrar's Signatures Ralph W. Roberts		24. Local Registrar's Signatures FLORALA, ALABAMA	

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CERTIFICATE OF DEATH
STATE OF ALABAMA

9079

1. PLACE OF DEATH a. County <u>Covington</u> b. Beat No. <u>9</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. State <u>Ala.</u> b. County <u>Covington</u>	
3. City (If outside city or town limits, write RURAL) Or <u>Floralia, Ala.</u> d. Length of Stay (in this place) <u>100</u>		c. City (If outside city or town limits, write RURAL) Or <u>Floralia, Ala.</u> d. Beat No. <u>9</u>	
4. Full Name of (If not in hospital or institution, give street address or location) <u>Near Matthews Stadium</u>		e. Street Address (If rural, give location) <u>Near Matthews Stadium</u>	
5. Name of DECEASED a. (First) <u>Lonnie</u> b. Middle <u>Columbus</u> c. (Last) <u>Gannenter</u>		6. Date (Month) (Day) (Year) Of Death <u>May 27, 1956</u>	
7. Sex <u>Male</u>	8. Color or Race <u>White</u>	9. Married, Never Married, Widowed, Divorced (Specify) <u>1</u>	10. Date of Birth (last birthday) <u>11/6/1908</u>
11a. Usual Occupation (Give kind of work done during most of working life, even if retired) <u>Odd Jobs - Public Work</u>	11b. Kind of Business or Industry <u></u>	11c. Age (in years) (Months) (Days) (Hours) (Min.) <u>50</u>	11d. Under 1 Year <u></u> 11e. Under 24 Hrs. <u></u>
12. Father's Name <u>Jessie Carpenter</u>		13. Mother's Maiden Name <u>Donnie Phillips</u>	
14. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) <u>0</u>		15. Social Security No. <u>418-86-3423</u>	
16. Informant's Name and Address <u>Mr. Ed. Carpenter Lockhart, Ala.</u>		17. Informant's Name and Address <u>Mr. Ed. Carpenter Lockhart, Ala.</u>	
18. Cause of Death (Enter only one cause per line for (a), (b), and (c)) <u>This does not mean the mode of dying, such as heart failure, apoplexy, etc. It means the disease, injury, or complication which caused death.</u>		19. MEDICAL CERTIFICATION I. Disease or Condition Directly Leading to Death* (a) <u>Shot Gun wound in region of Rt. Hypochondrium & Epigastrium. (Anterior)</u> Due To (c) <u>981X</u>	
20. Date of Operation		21. Major Findings of Operation	
22a. Accident (Specify) <u>Homicide</u>	22b. Place of Injury (home, farm, factory, street, office bldg., etc.) <u>Home</u>	22c. (City, Town, or Rural) <u>Floralia</u>	22d. (County) (State) <u>Covington Ala.</u>
23a. Time (Month) (Day) (Year) (Hour) of Injury <u>May 27 1956 P.M.</u>	23b. Injury Occurred <u>While at Work</u>	23c. How Did Injury Occur? <u>Shot By wife</u>	23d. <u>Mistaken for Intruder</u>
24. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I had seen the deceased alive on <u>19</u> , and that death occurred at <u>Approx. Between 2:03 P.M.</u>			
25a. SIGNATURE (Degree or title) <u>[Signature]</u>		25b. Address <u>Floralia, Ala.</u>	
25c. Date Signed <u>5/29/56</u>		26. Name of Cemetery or Crematory <u>Kinston, Ala. R.F.D.</u>	
27a. Date of Burial <u>May 28, 1956</u>		27b. Name of Burial Director <u>Robert J. Evans Floralia</u>	

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CERTIFICATE OF DEATH
STATE OF ALABAMA

141-851
25648

1. PLACE OF DEATH a. County Covington 20015		b. Beat No.		2. USUAL RESIDENCE (Where deceased lived, if institution; resi- dence before admission) a. State Alabama		b. County Geneva		
c. City (If outside city or town limits, write RURAL) Or Town Andalusia		d. Length of Stay (in this place)		c. City (If outside city or town limits, write RURAL) Or Town RURAL 31YX8		d. Beat No.		
e. Full Name of (If not in hospital or institution, give street address Hospital or Institution Columbia General Hospital				d. Street Address Rt 3 SANSON (If rural, give location)				
3. Name of DECEASED (Type or Print)		a. (First) HENRY T. APLIN		b. Middle 145 (Last)		4. Date (Month) (Day) (Year) Of Death 12/8/59		
5. Sex Male	6. Color or Race White	7. Married, Never Married, Widowed, Divorced (Specify) MARRIED		8. Date of Birth 10/13/1889	9. Age (In years last birthday) 70	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, even if retired) FARMER		10b. Kind of Business or Industry.		11. Birthplace (State and county or foreign country) Geneva County, Alabama		12. Citizen of What Country? USA		
13. Father's Name William T. Aplin				14. Mother's Maiden Name Pinky E. Henderson				
15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) No		16. Social Security No. 0 417 50 2621		17. INFORMANT'S NAME AND ADDRESS Rosa Belle Aplin -Rt 3 SANSON, ALABAMA				
18. Cause of Death Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, as- themia, etc. It means the disease, injury, or complica- tion which caused death.		I. Disease or Condition Directly Leading to Death* (a) Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due To (b) Due To (c)				MEDICAL CERTIFICATION <i>carcinoma of prostate t. glandular metastasis - 11 months 177X</i>		Interval Between Onset and Death 11 Months
19a. Date of Operation		19b. Major Findings of Operation						
21a. Accident Subsida, Hematoma		(Specify)		21b. Place of Injury (home, farm, factory, street, office bldg., etc.)		21c. (City, Town, or Rural)		
21d. Time (Month) (Day) (Year) (Hour) of Injury		21e. Injury Occurred While at m. Work () Not While at Work ()		21f. How Did Injury Occur?				
22. I hereby certify that I attended the deceased from 1-1-59 to 12-6-59 that I last saw the deceased alive on 12-6-59 and that death occurred at 7:00 P.M. from the causes and on the date stated above.								
23a. SIGNATURE <i>Ray Evers</i>		(Degree or title)		23b. Address m. Andalusia, Ala.		23c. Date Signed 12-15-59		
24a. Burial, Crema- tion, Removal (Specify) Burial		24b. Date 12/9/59		24c. Name of Cemetery or Crematory Eight Mile Cenestery		24d. Located (City, town, or county) (State) Geneva County, Alabama		
Date Rec'd by Local 12-21-59		Registrar's Signature <i>Lucile J. Daniel</i>		25. Funeral Director PITTMAN FUNERAL HOME - GENEVA, ALABAMA				

CERTIFICATE OF DEATH

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

File No. for State
Registration Only
23208

1 PLACE OF DEATH Covington Registration District No. _____ Registered No. _____
County _____
Town or City of Opalaca No. 3 St. 24-5663 Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Winnie Alpin
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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 _____ 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 Ben Alpin
6 DATE OF BIRTH (month, day, and year) _____
7 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

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

9 BIRTHPLACE (city or town) Don't know (State or country) _____
10 NAME OF FATHER Monroe Durbell
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) _____

14 Informant Ben Alpin (Address) _____

15 Date 1/9/01 192 Opalaca Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) _____ 192 _____
17 I HEREBY CERTIFY, That I attended deceased from after death _____ 192 _____
that I last saw her alive on Dec 27 _____ 192 _____
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH was as follows:

Gun Shot Wound
170
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ da.
18 Where was disease contracted _____ if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? no
What test confirmed diagnosis? Autopsy
(Signed) W. J. ... 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 _____ 192 _____
20 UNDERTAKER _____ ADDRESS _____

Important! See instructions on back of certificate.

2000
CERTIFICATE OF DEATH

STATE OF ALABAMA—BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH

File No. for State
 Registrar Only.

13307

1 PLACE OF DEATH Corington Registration District No. 20-5012 Registered No. _____
 County _____ 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 Mary Barnes
 (a) Residence, No. Ref Level, Ala 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

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE W 5 SINGLE, MARRIED, WID-OWED, OR DIVORCED Widow
 (Write the word)

16 DATE OF DEATH (month, day, and year) July 2 1927

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

I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 192____
 that I last saw h. _____ alive on _____ 192____

6 DATE OF BIRTH (month, day, and year) Dec 31, 1855

and that death occurred, on the date stated above, at _____ m.
 The CAUSE OF DEATH* was as follows:

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
71 6 29

Dysentery

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) _____
 (c) Name of employer _____

(duration) _____ yrs. _____ mos. _____ da.

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

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ da.

10 NAME OF FATHER Fate Jackson

18 Where was disease contracted If not at place of death? _____

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

Did an operation precede death? _____ Date of _____

12 MARRIED NAME OF MOTHER Elizabeth Brown

Was there an autopsy? _____

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

What test confirmed diagnosis? _____

14 Informant (Address) H. S. Barnes
Ref Level, Ala

(Signed) J. E. Terry M. D.

(Address) Ref Level, 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.)

15 Filed Aug 6 1927 Mrs. J. E. Terry
 Registrar

19 PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL

Dzier, Ala 7/2 1927

20 UNDERTAKER ADDRESS

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.

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.

7363

1 PLACE OF DEATH
 County Covington Registration District No. 20 Registered No. 5009
 Town or City of Floralis No. _____ St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Mary Ida Smith Barnes
 (a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married
(Write the word)
5a If married, widowed, or divorced HUSBAND of (or) WIFE of M. John Barnes
6 DATE OF BIRTH (month, day, and year) _____
7 AGE Years 38 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

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

9 BIRTHPLACE (city or town) Oak Grove (State or country) _____
10 NAME OF FATHER Henry Smith
11 BIRTHPLACE OF FATHER (city or town) Birmingham (State or country) _____
12 MAIDEN NAME OF MOTHER Mollie Western
13 BIRTHPLACE OF MOTHER (city or town) Georgia (State or country) _____

14 Informant Mrs. J. J. Johnson (Address) _____

15 Filed 4-14 1928 M. J. Martins Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1923
 I HEREBY CERTIFY, That I attended deceased from April 1st 1923 to April 11th 1923, that I last saw her alive on April 11th 1923, and that death occurred, on the date of April 11th 1923, at 3 P. M.
 The CAUSE OF DEATH was as follows:

Tuberculosis of lungs and sub-bronchus
Prothrombin
 (duration) _____ yrs. _____ mos. _____ ds.

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

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

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) C. H. Williams M. D.

(Address) Shirwood Place

*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** _____ 1923

20 UNDERTAKER Shepherd Fun. Co. **ADDRESS** Floralis

mention 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
19305

1 PLACE OF DEATH
County Montgomery Registration District No. 20 Registered No. 5209
Town or City of Shoals Ala No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Virginia Borne
(a) Residence, No. St. Ward
(Usual place of abode)
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

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)
6a If married, widowed, or divorced HUSBAND of (or) WIFE of

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

7 DATE OF BIRTH (month, day, and year)
8 AGE Years Months 8 Days If LESS than 1 day, hrs. or min.

17 I HEREBY CERTIFY, That I attended deceased from Oct 30 to Nov 2, 1930
that I last saw her alive on Nov 2, 1930
and that death occurred, on the date stated above, at 11 A. M.
The CAUSE OF DEATH* was as follows:

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

Malignant (dilatation)
1516
(duration) 4 yrs. 15 mo. da.
CONTRIBUTORY Senile
(Secondary) (duration) yrs. mo. da.

10 BIRTHPLACE (city or town) (State or country)

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

10 NAME OF FATHER George Borne

Did an operation precede death? Date of

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

Was there an autopsy?

12 MARRIAGE NAME OF MOTHER Marie Borne

What test confirmed diagnosis?

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

(Signed) J. C. ... M. D.
(Address) Shoals 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.)

14 Informant (Address)

19 PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL

15 Filed 11/5 1930 J. S. ... Registrar

20 UNDERTAKER ADDRESS

OF DEATH IN THIS STATE THAT IT MAY BE PROPERLY CLASSIFIED AS TO CAUSE OF DEATH AND AS TO OCCUPATION IN VERY IMPORTANT. Every death certificate must be filled out.

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CERTIFICATE OF DEATH
STATE OF ALABAMA

17861

1. PLACE OF DEATH a. COUNTY Covington 20035 BEAT NO. 9		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE Florida b. COUNTY Walton	
b. CITY, TOWN, OR LOCATION Florala		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. NAME OF HOSPITAL OR INSTITUTION Lakeview Hospital		e. LENGTH OF STAY IN lb	d. STREET ADDRESS Rt #3, Box 184 0090

3. NAME OF DECEASED (Type or print) JOHN EDWARD APLIN 145		4. DATE OF DEATH Month August Day 2 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8, 1894
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life) farmer	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (State or foreign country) Alabama	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Tom Aplin	14. MOTHER'S MAIDEN NAME Pinky Henderson	14a. NAME OF SURVIVING SPOUSE Annie Aplin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 266-62-4459	17. INFORMANT'S NAME Annice Aplin Fla. Address Rt. 3, Box 184, DeFuniak Spgs.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apoplexy		INTERVAL BETWEEN DEATH AND REPORT 334 X 7-24-62 8-2-62
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 II(a) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-24-62 to 8-2-62 and last saw her alive on 8-2-62 Death occurred at 9:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS Floralal, Ala.
22c. DATE SIGNED 8-14-62	

23a. BURIAL CHAMBER, REMOVAL (Specify)	23b. DATE Aug. 4, 1962	23c. NAME OF CEMETERY OR CREMATORY Eight Mile Cemetery	23d. LOCATION (City, town, or county) (State) Walton Fla.
24. DATE RECD. BY LOCAL REG. 8-15-62		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

[Signature]
DeFuniak Springs, Fla.

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.
24757

1 PLACE OF DEATH Barnington Reg. District or Beat No. 3 Certificate No. 20-1722
 County Opp Street or R. F. D. _____ Ward _____
 City _____ (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 A. B. Barner Street or R. F. D. _____ Ward _____
 (a) Residence, No. _____ (If non-resident, give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Writes the word)

16 DATE OF DEATH (month, day, and year) 10/20 1929

3a If married, widowed, or divorced
 HUSBAND of Miss Annie Barner
 (or) WIFE of _____

17 I HEREBY CERTIFY, That I attended deceased from 9/29 1929 to 10/20 1929
 that I last saw him alive on 10/20 1929
 and that death occurred, on the date stated above, at 2 Mrs
 The CAUSE OF DEATH was as follows:
nephritis acute
cause unknown

6 DATE OF BIRTH (month, day, and year) _____
 7 AGE Years 41 Months _____ Days _____
 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work Cotton mill.
 (b) General nature of industry, business, or establishment in which employed (or employer) Mfg. cloth
 (c) Name of employer Nicholas Mills

18 CONTRIBUTORY (Secondary) 1-24-30 (duration) _____ yrs. _____ mos. 1-20
 Where was disease contracted or did accident occur? _____

9 BIRTHPLACE (city or town) near Clou
 (State or country) Co. Ala

10 NAME OF FATHER J. B. Barner

Was an operation performed? No Date of _____

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

For what disease or injury? _____

12 MAIDEN NAME OF MOTHER Annie Day

Was there an autopsy? Yes

What test confirmed diagnosis? _____
 (Signed) Heed Hill M. D.

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

19 PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL _____

14 Informant J. P. C. Higgins
 (Address) _____

Dominicus 10-21-1929
 ADDRESS _____

15 Filed 11-5- 1929 J. H. Woodham
 Registrar

20 UNDERTAKER BRONSON Oppala

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.

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

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

Reg. Dis-
trict No. 201300 Certifi-
cate No. 6
To be filled out by local registrar

1. PLACE OF DEATH: Do Not Write Here
201300-01
County Covington Beat No. 13
City or Town Opala Rural
(If outside corporate limits of city or town write RURAL.)
Street address _____
(If in hospital or institution, give name only)
Length of stay in place of death 10
(Specify in years, months and days)
Do Not Write Here
2013 1140

2. USUAL RESIDENCE OF DECEASED
(For newborn infants give residence of mother)
State Alabama
County Covington Beat No. 13
City or Town Rural Opala
(If outside corporate limits of city or town, write RURAL.)
Street address R.F.D.
(If rural, give R. F. D. and Box No.) 1140

3. FULL NAME OF DECEASED
William Floyd Apelin

4. Sex Male 5. White or colored race? White
6. Social Security Number _____ 7. (a) Single, married, widowed or divorced? Married
7. (b) If married, widowed or divorced, give name and age of husband or wife Laura B Apelin 54 Yrs.
(Name) (Age if alive)

8. Date of birth of deceased Sept 20 1879
(Month by name) (Day) (Year)
9. AGE: Years 60 Months _____ Days _____ If less than one day
hrs. _____ min. _____

10. Birthplace Lee County Miss
(City, town or county) (State or foreign country)

11. Usual occupation Farmer 12. Industry or business Farm

13. Full Name William Thomas Apelin
14. Birthplace Ala.
(City, town or county) (State or foreign country)

15. Full Maiden Name Hazel A Holly
16. Birthplace Ala.
(City, town or county) (State or foreign country)

FATHER
MOTHER

17. MEDICAL CERTIFICATION
Date of death March 5 1940
(Month by name) (Day) (Year)
Duration of Condition
Yrs Mo Da
Immediate cause of death Self inflicted gun shot wound in chest.
Due to 164c
Due to _____
Other important conditions not causally related to immediate cause _____
Name of operation _____
Date of operation _____
Major findings of operation: _____
of autopsy: _____

If woman, indicate pregnancy within 3 months of death (Yes or No) _____
I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;

and that death occurred at _____ M. on the date stated above from causes given.
Attendant's own signature John C Ewom, M. D.
Date signed Sept 5, 1940
Address F. Corala, Ala.

18. VIOLENCE: If death was due to external causes, fill in following: Accident, suicide or homicide (specify) suicide
Date of occurrence March 5 1940
(Month by name) (Day) (Year)
Where did injury occur? Alabama
(Name of State)
Covington County 13
(City or town) (County) (Beat No.)
Describe how injury occurred Self inflicted gun shot wound in chest.

CERTIFICATION OF PERSON IN CHARGE OF BODY
Burial, removal, cremation New Hope Date thereof April 6 1940 Place of burial or cremation Covington County Ala
(Month by name) Day Year City or Town County State

I certify that I am the person who was in charge of the body of the above decedent. The information was given by myself
myself said to be related to the decedent as Wife whose address is Opala Ala
Person's own signature John C Ewom Date signed _____, 19____
(Month by name) (Day) (Year)

20. STATEMENT OF REGISTRAR
Filed July 5, 1940 Permit Issued _____, 19____ Registrar's own signature Mrs. W. R. Martin

This certificate must be filed with local registrar within 72 hours after death

Margin Reserved For Blinding
Write plainly with unfading black ink. This is a permanent record. Every item of information should be carefully supplied. Physicians: please write causes of death legibly and in terms which may be properly classified under the International Classification of Causes of Death.

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.

10990

1 PLACE OF DEATH
 County Covington Reg. District or Beat No. 15 Certificate No. 22-0015
 Town or City _____ Street or R. F. D. _____ Ward _____
 If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Vester Uplin
 (a) Residence No. _____ Street or R. F. D. _____ 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 <u>Male</u>	4 COLOR OR RACE <u>wh</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Infant</u>
6a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6 DATE OF BIRTH (month, day, and year) <u>3-23-27</u>		
7 AGE	Years _____	2 Month _____
		11e 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) <u>ala</u> (State or country)		
10 NAME OF FATHER <u>Vester Uplin</u>		
11 BIRTHPLACE OF FATHER (city or town) <u>ala</u> (State or country)		
12 MAIDEN NAME OF MOTHER <u>Bonnie Brodie</u>		
13 BIRTHPLACE OF MOTHER (city or town) <u>ala</u> (State or country)		

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH (month, day, and year) 6-9-1927

17 I HEREBY CERTIFY, That I attended deceased from _____, 1927, to _____, 1927, that I last saw him _____ alive on _____, 1927, and that death occurred, on the date stated above, as fatal **THE CAUSE OF DEATH** *was as follows: fatal heart attack
in bed. Cause not known
Believed to be due to some
circulatory trouble
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) 205
 (duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? History
 (Signed) A. H. Hester M. D.
 _____ 19 (Address) Montgomery, 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.)

14 Informant _____
 (Address) _____

15 Filed 6-10-27 CM Hardy
 Registrar.

18 PLACE OF BURIAL, Cremation, or Removal Oak Moor Cemetery **DATE OF BURIAL** 6-9-1927

20 UNDERTAKER _____ **ADDRESS** _____

WHITE PAPER, 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.

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.
744

1 PLACE OF DEATH
 County Washington Registration District No. 15 Registered No. 22-0015
 Town or City of _____ No. _____ St. _____, Ward _____

2 FULL NAME W. H. Barnes
(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
 HUSBAND of Rosa Ella Barnes
 (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-12-1869

7 AGE 59 Years 3 Months 0 Days If LESS than
 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work Farmer
 (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) Ala

10 NAME OF FATHER William Barnes

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

12 MAIDEN NAME OF MOTHER Elizabeth Rice

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

14 Informant (Address) _____

15 Filed 1/18/19 1929 W. M. Daily Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-1929

17 I HEREBY CERTIFY, That I attended deceased from 1-15, 1929, to 1-18, 1929
 that I last saw ~~him~~ alive on 1-18, 1929

and that death occurred, on the date stated above, at 6 P m.
 The CAUSE OF DEATH* was as follows:
Pneumonia

CONTRIBUTORY Influenza
(Secondary)
 (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted _____
 if not at place of death? _____
 (duration) _____ yrs. _____ mos. 3 ds.

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis St. Louis
 (Signed) J. C. Hays M. D.
 (Address) Guth, 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 DATE OF BURIAL

Fairmount Cemetery 1-19-1929
 20 UNDERTAKER ADDRESS

**CERTIFICATE OF DEATH
STATE OF ALABAMA**

10926

1. PLACE OF DEATH a. County <u>COVINGTON</u> b. Beat No. <u>9</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. State <u>ALA</u> b. County <u>COVINGTON</u>	
c. City (If outside city or town limits, write RURAL.) Or Town <u>FLORALA, ALA</u> d. Length of Stay (in this place) <u>20hr</u>		c. City (If outside city or town limits, write RURAL.) Or Town <u>FLORALA, ALA</u> d. Beat No. <u>9</u>	
3. Full Name of (If not in hospital or institution, give street address or location) Institution <u>LOCKHART ST.</u>		d. Street Address (If rural, give location) <u>LOCKHART STREET</u>	
3. Name Of DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>MARION</u> c. (Last) <u>APLIN</u>		4. Date (Month) (Day) (Year) Of Death <u>JUNE 8 1954</u>	
5. Sex <u>MALE</u>	6. Color or Race <u>WHITE</u>	7. Married, Never Married, Widowed, Divorced (Specify) <u>MARRIED</u>	8. Date of Birth <u>7/13/1871</u>
9. Age (In years last birthday) <u>83</u>		10. Usual Occupation (Give kind of work done during most of working life, even if retired) <u>PUBLIC WORK</u>	11. Birthplace (State and county or foreign country) <u>COV. CO. ALA.</u>
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <u>PUBLIC WORK</u>		10b. Kind of Business or Industry <u>WORK</u>	12. Citizen of What Country? <u>USA</u>
13. Father's Name <u>JAMES JASPER APLIN</u>		14. Mother's Maiden Name <u>ELIZABETH MARTIN</u>	
15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) <u>NO</u>		16. Social Security No. <u>None</u>	
17. INFORMANT'S NAME AND ADDRESS <u>Mrs Mary Lowery Aplin Floral, Ala</u>		18. Cause of Death Enter only one cause per line for (a), (b), and (c) I. Disease or Condition Directly Leading to Death* (a) <u>Arteriosclerosis with urine impaction</u> Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due To (b) _____ Due To (c) _____ II. Other Significant Conditions Conditions contributing to death but not related to the disease or condition causing death.	
19a. Date of Operation		19b. Major Findings of Operation	
20. Autopsy? Yes () No <input checked="" type="checkbox"/>		Interval Between Onset and Death	
21a. Accident Suicide, Homicide (Specify)	21b. Place of Injury (home, farm, factory, street, office bldg., etc.)	21c. (City, Town, or Rural) (County) (State)	
21d. Time (Month) (Day) (Year) (Hour) of Injury	21e. Injury Occurred While at Work () Not While at Work ()	21f. How Did Injury Occur?	
22. I hereby certify that I attended the deceased from <u>May 25, 1954</u> to <u>June 9, 1954</u> , that I last saw the deceased alive on <u>6-9</u> , 1954, and that death occurred at <u>5:30 P. M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John D. Matthews</u>		23b. Address <u>Floral, Ala</u>	
23c. Date Signed <u>6-8-54</u>		24a. Burial, Cremation, Removal (Specify) <u>Burial</u>	
24b. Date <u>6-10-54</u>		24c. Name of Cemetery or Crematory <u>NEW HOPE</u>	
24d. Location (City, town, or county) (State) <u>OPP, ALA. STAR Rt.</u>		25. Funeral Director's Name and Address <u>Hubert Evans Floral Ala</u>	

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED

OTHER SIDE

FILL IN WITH A TYPEWRITER OR WRITE ONLY 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

CERTIFICATE OF DEATH.

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

1. Full name of deceased Ruby Gulin
[Do not fail to give Full Name.]
2. Date of death: Month Apr; day 10; 1918; Hour: 7 A. M. P. M.
3. Place of death (county) Livingston, P. O. Lockhart
4. City or town Lockhart; street and No. _____
5. Place of birth of deceased (state or country) Ala
6. White or colored? W Male or female? M Occupation gardener
7. How long did deceased reside at place of death? 2 months
8. Where was disease contracted? Unknown Duration of illness 6 days
9. Principal disease causing death Bacillary Dysentery
10. Contributory disease causing death Diarrhea
11. If homicidal, suicidal, or accidental, state definitely how accomplished (104)

12. Did deceased undergo a surgical operation, and if so when and of what nature? _____

13. Age: Years 1; months _____; days 10; single, married or widowed? Single
14. Full name of father of deceased John Gulin
15. Birthplace of father (state or country) Ala
16. Full name of mother of deceased Ida Gulin
17. Birthplace of mother (state or country) Ala
18. Place of interment Don't know
19. Remarks: _____

Date of Report 4/17 1918

Reporter

Post Office

W. W. Williams, M.D.
Lakewood, Ala

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

360

PLACE OF DEATH Livingston
County Livingston **No.** 1 **Ward** _____
Street or City Livingston

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Guatt Stewart
(a) Residence No. Livingston **St.** _____ **Ward** _____
(Usual place of abode)
(b) Place 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

1 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)
6 If married, widowed, or divorced
NO WIFE

7 AGE OF DECEASED (month, day, and year)

Years	Months	Days	If less than 1 day
	3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or occupation last held _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Cause of discharge _____

9 RESIDENCE (city or town) Livingston
(State or county)

10 NAME OF FATHER John Oplin

11 RESIDENCE OF FATHER (city or town) Livingston
(State or county)

12 MOTHER'S NAME OF MARRIAGE Miss Fancher

13 RESIDENCE OF MOTHER (city or town) Livingston
(State or county)

14 PLACE OF BIRTH (city or town) Livingston
(State or county)

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) 27 1915
17 I HEREBY CERTIFY, that I attended deceased from Jan 27th 1915 at Livingston and that death occurred, on the date stated above, at Livingston the CAUSE OF DEATH was as follows:
Pneumonia was sick 7 days

18 NO (Indicate) **Yrs.** _____ **Mos.** _____ **Ds.** _____
19 NO (Indicate) **Yrs.** _____ **Mos.** _____ **Ds.** _____

20 NO (Indicate) **Yrs.** _____ **Mos.** _____ **Ds.** _____
21 NO (Indicate) **Yrs.** _____ **Mos.** _____ **Ds.** _____

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225 NO (Indicate) **Yrs.** _____ **Mos.** _____ **Ds.** _____
226 NO (Indicate) **Yrs.** _____ **Mos.** _____ **Ds.** _____
227 NO (Indicate) **Yrs.** _____ **Mos.** _____ **Ds.</**

Standard Certificate of Death

State File No. **13148**

STATE OF ALABAMA

Registrar's No. **200903-2**

1. PLACE OF DEATH:
County **Covington** Beat No. **2009032**
City or Town **Florala**
(If outside corporate limits of city or town write RURAL.)
Street address _____
(If in hospital or institution, give name only)
Length of stay in place of death **1 yr 7 mos 26 days**
(Specify in years, months and days)

2. USUAL RESIDENCE OF DECEASED
State **Alabama** Beat No. **2009032**
County **Covington** Beat No. _____
City or Town **Florala**
(If outside corporate limits of city or town write RURAL.)
Street address _____
(If rural, give R. F. D. and Box No.)

3. (a) FULL NAME **Mary Ann Aplin** 14.5
3. (b) If veteran. _____ 3. (c) Social Security No. _____
If Foreign Born _____
How Long in U. S. _____ Yrs. _____

4. Sex **F** 5. Color or Race **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Nov 10 1922**
(Month) (Day) (Year)
8. AGE: Years **1** Months **7** Days **26** If less than one day hr. _____ min. _____

MEDICAL CERTIFICATION
20. Date of death: Month **July** day **6** year **1977**
21. I hereby certify that I attended the deceased from **July 2** to **July 6**
that I last saw him alive on **July 6**
and that death occurred on the date stated above at **79** m.
Duration Yrs. Mo. Da. _____

Immediate cause of death **Pneumonia - broncho**
Due to **Pneumonia**
Other conditions (Include pregnancy within 3 months of death) **107**

9. Birthplace **Florala Alabama**
(City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name **J. E. Aplin**
13. Birthplace **Walton County Fla**
(City, town, or county) (State or foreign country)
14. Maiden name **Alice Jackson**
15. Birthplace **Covington County Ala**
(City, town, or county) (State or foreign country)
16. Informant's signature **Bessie Aplin**
17. Address **Florala, Ala**
Burial Date **July 7 1977**
(Burial, cremation, or removal) (Month) (Day) (Year)
18. Place: burial or cremation **Gordon Cemetery**
19. Name of Undertaker **J. H. Evans**
Address **Florala, Ala**
20. (a) **7/14/77** (b) **C. D. Matthews**
(Date received and Registrar's signature)

Name of operation _____
Date of operation _____
MAJOR FINDINGS:
On operation _____
At autopsy _____

22. 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) (State) _____
(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 _____
23. Signature **J. W. Hullon** (M. D. or other) _____
Address **Florala, Ala** Date Signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

NOTE INSTRUCTIONS ON OTHER SIDE

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

File No. for State
 Health Officer
13368

Reg. Dis-
 trict No. **200903** Certifi-
 cate No. **29**
 To Be Inserted By Registrar

For County Use

1. PLACE OF DEATH

County Madison Beat No. 7
 City or Town Flora No. _____ Street _____
 R.F.D. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

1a. PLACE OF RESIDENCE: State Ala. Length of residence where death occurred yrs. mos. days

(Usual place of abode)
 County Madison Beat 7 **200903**
 City or Town Flora No. _____ Street _____
 R.F.D. _____

2. FULL NAME Miss Louie Annis **145**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed or Divorced Widowed
6. Date of Birth (month, day, and year) June 15 1866
7. AGE Years 73 Months 11 Days 11
 If LESS than 1 day _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookbinder, etc. Domestic
9. Industry or business in which work was done, as oil mill, saw mill, bank, etc.
10. Date deceased last worked in this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Creasburg
 (State or country) Ala.

13. NAME in Marriage

14. BIRTHPLACE (city or town) _____
 (State or country) _____

15. MARRIAGE NAME Louise Annis

16. BIRTHPLACE (city or town) Georgia
 (State or country)

17. INFORMANT Carl Annis
 (Address) _____

18. BURIAL, CREMATION, OR REMOVAL
 Place New Hope Date 5 1946

19. SIGNATURE OF UNDERTAKER John D. Annis License No. 343
James M. Annis
20. SIGNATURE OF REGISTRAR James M. Annis
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11 1946
22. I HEREBY CERTIFY, that I disclosed deceased from
June 2 1946, to June 4 1946
 I last saw her alive on June 4 1946, death is held to have occurred on the date stated above, at 4:00 P.M.

23. PRINCIPAL CAUSE OF DEATH and RELATED CAUSES of importance in order of onset were as follows:
Gastric Hemorrhage
117a

24. CONTRIBUTORY CAUSES of importance NOT RELATED to principal cause:
Dehydration, Gastric
and Stomatitis

Was an operation performed? _____ Date of _____
 For what disease or injury? _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

25. If death was due to external causes (VIOLENCE) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury? 19____
 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 _____

26. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. H. Williams M. D.
 (Address) Flora, Ala.

MARGIN RESERVED FOR INDEXING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated IN YEARS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Most statements of OCCUPATION in very important. See instructions on back of certificate.

CERTIFICATE OF DEATH 20-5003

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

File in the State Registrar Only.
2013
5003

1 PLACE OF DEATH
County Madison Registration District No. _____ Registered No. _____
Town or City of Opp Ala No. _____ St. _____ Ward _____

2 FULL NAME William J. Apelin
(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence, No. Opp Ala St. _____ Ward _____
(Usual place of death)
Length of residence in city or town where death occurred 77 yrs. 100 mos. 4 ds. How long in U. S., if of foreign birth? 77 yrs. 100 mos. 4 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married
(Write the word)
6a If married, widowed, or divorced **HUSBAND of** Sue Apelin
7 DATE OF BIRTH (month, day, and year)
7 AGE Years: 69 Months: 10 Days: 24 If LESS than 1 day, _____ hrs. or _____ min.
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of employer _____

9 BIRTHPLACE (city or town) Ala (State or country)
10 NAME OF FATHER Jim Apelin
11 BIRTHPLACE OF FATHER (city or town) Ala (State or country)
12 NAME OF MOTHER Agnes
13 BIRTHPLACE OF MOTHER (city or town) Ala (State or country)

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100 Opp Ala

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH (month, day, and year) March 6 1936
11 Male **I HEREBY CERTIFY**, That I attended deceased from March 5 1936 to March 6 1936 and that death occurred, on the date stated above, at 12 P.M.
The CAUSE OF DEATH* was as follows:
Flu & Pneumonia
HA
12 Ala **13** Ala
14 Ala **15** Ala
16 Ala **17** Ala
18 Ala **19** Ala
20 Ala **21** Ala
22 Ala **23** Ala
24 Ala **25** Ala
26 Ala **27** Ala
28 Ala **29** Ala
30 Ala **31** Ala
32 Ala **33** Ala
34 Ala **35** Ala
36 Ala **37** Ala
38 Ala **39** Ala
40 Ala **41** Ala
42 Ala **43** Ala
44 Ala **45** Ala
46 Ala **47** Ala
48 Ala **49** Ala
50 Ala **51** Ala
52 Ala **53** Ala
54 Ala **55** Ala
56 Ala **57** Ala
58 Ala **59** Ala
60 Ala **61** Ala
62 Ala **63** Ala
64 Ala **65** Ala
66 Ala **67** Ala
68 Ala **69** Ala
70 Ala **71** Ala
72 Ala **73** Ala
74 Ala **75** Ala
76 Ala **77** Ala
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80 Ala **81** Ala
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84 Ala **85** Ala
86 Ala **87** Ala
88 Ala **89** Ala
90 Ala **91** Ala
92 Ala **93** Ala
94 Ala **95** Ala
96 Ala **97** Ala
98 Ala **99** Ala
100 Ala

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30 UNDERTAKER Benjamin Nelson **31** Opp Ala

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.
21172

1 PLACE OF DEATH Covington Registration District No. 10-0013 Registered No. 3
County _____ No. _____ St. _____ Ward _____
Town or City of _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alan Aplin
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH (month, day, and year) _____ 192 _____

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

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1920, to June 14, 1920.

that I last saw h. alive on June 14, 1920.

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

and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

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

Leaky heart

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Farmer

(duration) yrs. mos. da.

(b) General nature of industry, business, or establishment in which employed (or employer)

CONTRIBUTORY (Secondary) Dropsey

(c) Name of employer

(duration) yrs. mos. da.

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

18 Where was disease contracted If not at place of death?

10 NAME OF FATHER

Did an operation precede death? _____ Date of _____

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

Was there an autopsy? _____

12 MAIDEN NAME OF MOTHER

What test confirmed diagnosis? _____

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

(Signed) T. E. Dalton M. D.

(Address) Op. 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.)

14 Informant (Address)

19 PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL

15 Filed Nov 22, 1920 W. D. Powell Registrar

20 UNDERTAKER ADDRESS

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.

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

Form No. 2

CERTIFICATE OF DEATH

1. Full name of deceased Brogg Jones Williams
(Do not fail to give Full Name)
2. Date of death: Month October, day 8, 1908, Hour 7:30 P. M.
3. Place of death (County) Crawford Co; beat _____
4. City or town Loach; ward _____; street and No. _____
5. Place of birth of deceased (state or country) Alabama
6. White or colored? W Male or female? M Occupation Body
7. How long did deceased reside at place of death? 16 days
8. Where was disease contracted? _____ Duration of illness _____
9. Principal disease causing death Malnutrition & pneumonia
10. Contributory disease causing death _____
11. If homicidal, suicidal, or accidental, state definitely how accomplished _____
12. Did deceased undergo a surgical operation, and if so when and of what nature? _____
13. Age: Years _____; months _____; days 16; single married or widowed? _____
14. Full name of father of deceased Benjamin Franklin Williams
15. Birthplace of father (state or country) Alabama
16. Full name of mother of deceased Missouri Williams
17. Birthplace of mother (state or country) Alabama
18. Place of interment Florida Ala
19. Remarks: _____
- Reported by P. D. McGehee
Date of Report Nov 1 Post Office Loach Ala

Standard Certificate of Death

State File No. 2188

STATE OF ALABAMA

Registrar's No. 200101-9

1. PLACE OF DEATH: 3001012
County COVINGTON Beat No. 1
City or Town ANDALUSIA
(If outside corporate limits of city or town write RURAL)
Street address COVINGTON HOSPITAL
(If in hospital or institution, give name only)
Length of stay in place of death 2 WKS.
(Specify in years, months and days)

2. USUAL RESIDENCE OF DECEASED
State Ala. 3001012
County Covington Beat No. 1
City or Town Andalusia Ala.
(If outside corporate limits of city or town write RURAL)
Street address _____
(If rural, give R. F. D. and Box No.)

2. (a) FULL NAME WILLIAM JOE APLIN 145 If Foreign Born _____
How Long in U. S.? _____ Yrs.

2. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex MALE 5. Color or Race _____
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FANNIE LINCOLN 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased APRIL 1 (Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 14 If less than one day hr. min.

9. Birthplace COVINGTON CO ALA.
(City, town, or county) (State or foreign country)

10. Usual occupation SHIPFITTER

11. Industry or business _____

12. Name DON'T KNOW

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name DON'T KNOW

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's signature CECIL APLIN

(b) Address 911 N 55th ST. FLORENZA ALA

17. (a) BURIAL (b) Date JAN 17 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW HOPE CENTER

18. (a) Signature, funeral director Robert J. Craven

(b) Address Florenza Ala.

19. (a) Feb. 13 1945 (b) Beatrice J. Craven
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Jan day 15
year 1945 hour _____ A. M. or 7 P. M.

21. I hereby certify that I attended the deceased from Jan. 5, 1945, to Jan 15, 1945
that I last saw him alive on Jan. 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia 16 days

Due to Additional information not available
Other conditions cardiac failure 12 hrs
(Include pregnancy within 3 months of death)

MAJOR FINDINGS: none 108
On operation _____
At autopsy none 95c

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. 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) (State)

(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 _____

23. Signature [Signature] (M. D. or other) _____
Address Andalusia Ala. Date Signed 1/14/45

FATHER {
MOTHER {

Standard Form No. 2-56-43
 Do not use green or red ink. Do not use plain with unfading dark ink. Elements containing arrows, words crossed out or written over one another will not be accepted for registration. Physicians, please write causes of death legibly and in terms which may be properly classified under the International Classification of Causes of Death.