

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.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
1. SEX <i>Male</i>	2. Color or Race <i>W</i>	3. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>			21. DATE OF DEATH (month, day, and year) <i>10/4</i> , 19 <i>27</i>		
4a. If married, widowed, or divorced HUSBAND of <i>Mollie Sport</i>				22. <i>10/1</i> I HEREBY CERTIFY, that I attended deceased from <i>1927</i> to <i>1927</i>			
4. DATE OF BIRTH (month, day, and year) <i>Jan 25-1863</i>					I last saw her alive on <i>10/4</i> , 19 <i>22</i> . Death is said to have occurred on the date stated above, at <i>5-7</i> m.		
7. AGE	Years <i>74</i>	Months <i>8</i>	Days <i>9</i>	If LESS than 1 day, ___ hrs. or ___ min.	The PRINCIPAL CAUSE OF DEATH and RELATED CAUSES of importance in order of onset were as follows: <i>Senile Changes and Valvular insufficiency 92%</i>		
8. Trade, profession, or particular kind of work done, as engineer, lawyer, bookkeeper, etc. <i>Farmer</i>				9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <i>Gea</i>							
13. NAME <i>D. W. Sport</i>							
14. BIRTHPLACE (city or town) (State or country) <i>Georgia</i>							
15. MAIDEN NAME <i>D. K.</i>							
16. BIRTHPLACE (city or town) (State or country) <i>D. K. Ga</i>							
17. INFORMANT <i>A. H. Sport</i>							
18. BURIAL, CREMATION OR REMOVAL Place <i>Sport Cemetery</i> Date <i>10/5</i> , 19 <i>27</i>							
19. SIGNATURE OF UNDERTAKER <i>H. Blackburn</i> License No. _____							
20. Filed <i>12-31</i> , 19 <i>27</i> <i>Estbell</i> Registrar							
23. Burial or Transit Form No. <i>Estbell</i>				24. Was disease or injury in any way related to occupation of deceased? <i>Yes</i> If so, specify _____			
25. (Signed) <i>W. H. Estbell</i> H. D.				19 _____ (Address) <i>Sport</i>			
Date of Issue <i>10-4-27</i>							

For County Use

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

File No. for State Registrar Only.

27901

1. PLACE OF DEATH

County

Crenshaw Ala

Beat No.

8

City or Town

Prantley Ala

No.

Street

R.F.D.

3

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

1a. PLACE OF RESIDENCE: State

Length of residence where death occurred

yrs. mos. days

County

Fort Crenshaw

Beat

8 2108000

City or Town

Prantley

No.

Street

R.F.D.

3

2. FULL NAME

*Daniel Webster Sport 163*Reg. District No. *210800* Certificate No. *3*

To Be Inserted By Registrar

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

Reg. Dis-
trict No. 21100 Certifi-
cate No. 8
To be filled out by local registrar

1. PLACE OF DEATH: Do Not Write Here

County Crenshaw Beat No. 15
City or Town Dozier Ala
(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 _____
(specify in years, months and days)
Do Not Write Here

17. MEDICAL CERTIFICATION

Date of death Nov 4 1939
(Month by name) (Day) (Year)

Immediate cause of death Car Wreck

Due to Killed Instantly
No Doctor

Due to _____

Other important conditions not causally related to immediate cause driver

Name of operation _____
Date of operation auto hit
Major findings of operation bumper
crushed

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 _____, M. D.

Date signed Nov 4 1939

Coroner _____

Address _____

Duration of Condition		
Yrs	Mo	Da

Attention Physician
Please underline the primary cause to which you believe this death should be charged

2. USUAL RESIDENCE OF DECEASED (For newborn infants give residence of mother)

State Ala
County Crenshaw Beat No. 8
City or Town Dozier Ala
(If outside corporate limits of city or town, write RURAL)
Street address Rt 2
(If rural, give R. F. D. and Box No.)

3. FULL NAME OF DECEASED
Samuel Armstrong

4. Sex male 5. White or colored race? white

6. Social Security Number _____ 7. (a) Single, married, widowed or divorced? Single

7. (b) If married, widowed or divorced, give name and age of husband or wife _____ Yrs Age if alive

8. Date of birth of deceased May 2 1908
(Month by name) (Day) (Year)

9. AGE: Years 31 Months 6 Days 2
If less than one day hrs. min.

10. Birthplace Ala - Crenshaw Co
(City, town or county) (State or foreign country)

11. Usual occupation Saw milling 12. Industry or business _____

13. Name Sam Armstrong

14. Birthplace Ala - Crenshaw Co
(City, town or county) (State or foreign country)

15. Maiden Name Mrs M.M. Armstrong

16. Birthplace Ala - Crenshaw Co
(City, town or county) (State or foreign country)

CERTIFICATION OF PERSON IN CHARGE OF BODY

Place of burial or cremation Burial at Pleasant Home
Date thereof Nov 6 1939
(Month by name) Day Year

Place of burial or cremation Pleasant Home - Crenshaw Ala
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 Sam Armstrong said to be related to the decedent as Father whose address is Dozier Ala Rt 2

Person's own signature X Sam Armstrong Date signed _____ 1940
(Month by name) (Day) (Year)

20. STATEMENT OF REGISTRAR

Filed 3-5- 1940 Permit Issued Nov 4 1939 Registrar's own signature C. Bell

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

Margin Reserved For Binding
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.

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.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1. SEX <i>Male</i>	2. Color or Race <i>W</i>	3. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>	21. DATE OF DEATH (month, day, and year) <i>10/4, 1927</i>
4a. If married, widowed, or divorced HUSBAND of <i>Mollie Sport</i>	4. DATE OF BIRTH (month, day, and year) <i>Jan 25-1863</i>		22. <i>10/1</i> I HEREBY CERTIFY, that I attended deceased from <i>1927</i> to <i>1927</i>
7. AGE Years <i>74</i> Months <i>8</i> Days <i>9</i>	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>Farmer</i>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	I last saw him alive on <i>10/4, 1927</i> Death is said to have occurred on the date stated above, at <i>5-7</i> m.
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	12. BIRTHPLACE (city or town) (State or country) <i>Gea</i>	The PRINCIPAL CAUSE OF DEATH and RELATED CAUSES of importance in order of onset were as follows: <i>Senile Changes and Valvular insufficiency 92%</i>
13. NAME <i>D. W. Sport</i>	14. BIRTHPLACE (city or town) (State or country) <i>Georgia</i>	15. MAIDEN NAME <i>D. K.</i>	CONTRIBUTORY CAUSES of importance NOT RELATED to principal cause: <i>none</i>
16. BIRTHPLACE (city or town) (State or country) <i>D. K. Ga</i>	17. INFORMANT (Address) <i>A. H. Sport</i>	18. BIRTHPLACE (city or town) (State or country) <i>Georgia</i>	Was an operation performed? <i>no</i> Date of _____
19. SIGNATURE OF UNDERTAKER (Address) <i>A. Blackburn</i>	20. Filed <i>12-31, 1927</i>	21. SIGNATURE OF REGISTRAR <i>Estbell</i>	For what disease or injury? <i>General</i>
22. PLACE OF DEATH County <i>Crenshaw</i> Beat No. <i>8</i> City or Town <i>Prantley Ala</i> No. _____ Street _____ R.F.D. <i>3</i> (If death occurred in a hospital or institution, give its NAME instead of street and number)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury? _____ 19____	24. Where did injury occur? (Specify city or town, county, and State)	What test confirmed diagnosis? _____ Was there an autopsy? _____
1a. PLACE OF RESIDENCE: State _____ Length of residence where death occurred _____ yrs. _____ mos. _____ days (Usual place of abode) County <i>Fort Crenshaw</i> Beat <i>8</i> City or Town <i>Prantley</i> No. _____ Street _____ R.F.D. <i>3</i>	25. Manner of injury _____	26. Nature of injury _____	27. Was disease or injury in any way related to occupation of deceased? <i>yes</i> If so, specify _____
2. FULL NAME <i>Daniel Webster Sport 163</i>	28. (Signed) <i>W. H. Bell</i> M. D. 19 _____ (Address) <i>Spartan</i>	29. Date of issue <i>10-4-27</i>	

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

File No. for State Registrar Only.

2108000
27901

Reg. District No. *210800* Certificate No. *3*
To Be Inserted By Registrar

1. PLACE OF DEATH

County *Crenshaw* Beat No. *8*
City or Town *Prantley Ala* No. _____ Street _____
R.F.D. *3* (If death occurred in a hospital or institution, give its NAME instead of street and number)

1a. PLACE OF RESIDENCE: State _____ Length of residence where death occurred _____ yrs. _____ mos. _____ days
(Usual place of abode)

County *Fort Crenshaw* Beat *8* City or Town *Prantley* No. _____ Street _____
R.F.D. *3*

2. FULL NAME *Daniel Webster Sport 163*

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 2. Color or Race *W* 3. Single, Married, Widowed, or Divorced (write the word) *Widowed*

4a. If married, widowed, or divorced
HUSBAND of *Mollie Sport*

4. DATE OF BIRTH (month, day, and year) *Jan 25-1863*

7. AGE
Years *74*
Months *8*
Days *9*
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Gea*

13. NAME *D. W. Sport*

14. BIRTHPLACE (city or town) (State or country) *Georgia*

15. MAIDEN NAME *D. K.*

16. BIRTHPLACE (city or town) (State or country) *D. K. Ga*

17. INFORMANT (Address) *A. H. Sport*

18. BIRTHPLACE (city or town) (State or country) *Georgia*

19. SIGNATURE OF UNDERTAKER (Address) *A. Blackburn*

20. Filed *12-31, 1927*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *10/4, 1927*

22. *10/1* I HEREBY CERTIFY, that I attended deceased from *1927* to *1927*
I last saw him alive on *10/4, 1927* Death is said to have occurred on the date stated above, at *5-7* m.

The PRINCIPAL CAUSE OF DEATH and RELATED CAUSES of importance in order of onset were as follows:

Senile Changes and Valvular insufficiency 92%

CONTRIBUTORY CAUSES of importance NOT RELATED to principal cause:
none

Was an operation performed? *no* Date of _____

For what disease or injury? *General*

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. 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 _____

24. Was disease or injury in any way related to occupation of deceased? *yes* If so, specify _____

(Signed) *W. H. Bell* M. D.
19 _____ (Address) *Spartan*

Date of issue *10-4-27*

ALABAMA

Center for Health Statistics

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.

101-18-21316

411

1 PLACE OF DEATH Brewshaw
County Bradley No. 3 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 Jerry Appling
(a) Residence No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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. 70

8 OCCUPATION OF DECEASED

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

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

10 NAME OF FATHER _____

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

12 MAIDEN NAME OF MOTHER _____

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

14 Informant Coffee Dealers report
(Address) Dozier

15 Filed _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1918

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:

Not stated
Treated by J. S. Jordan

(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) J. B. Horn N.C. M. D.
19 (Address) Luverne Ala

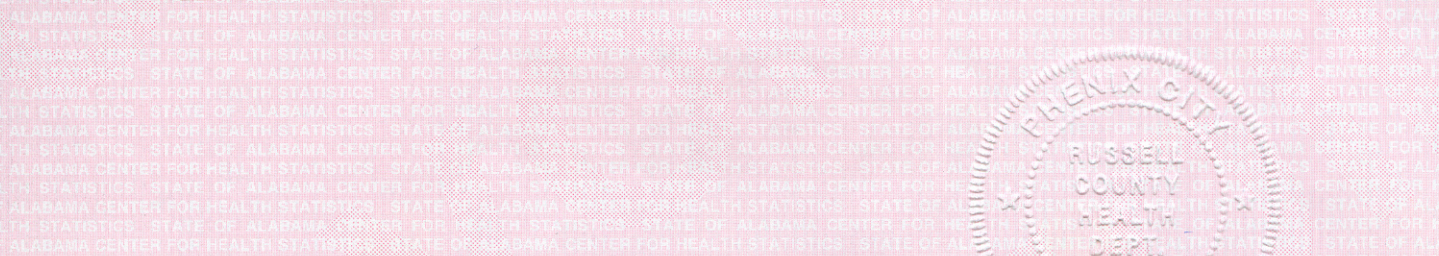
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional information.)

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

20 UNDERTAKER _____

ADDRESS _____

Important. See instructions on back of certificate.



I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2004-305-981-2

Dorothy S. Harshbarger
Dorothy S. Harshbarger, State Registrar

1915-1916 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

15332

Malissa Jackson
Williams

1 PLACE OF DEATH
County Crenshaw
Town or City of _____ No. _____ Ward _____

27-0-114

August 12, 1920

2 FULL NAME Malissa Williams

(a) Residence, No. _____ S. _____ Ward _____
(Class' place of death)
Length of residence in city or town where death occurred yrs. mos. In How long in U. S. if foreign born? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL HISTORY

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

6 DATE OF BIRTH July 12, 1897
I HEREBY CERTIFY that the above named individual that death occurred, on the date stated above, of the CAUSE OF DEATH was as follows:

7a If married, widowed, or divorced, name of husband or wife at date of death George Williams Sr

8 CAUSE OF DEATH Paralysis
in the posterior circulation

9 AGE Sex Height Weight
23 F 5'0" 110 lbs

10 OCCUPATION OF DECEASED
10a Trade, profession or particular kind of work House Keeper
10b General nature of industry, business, or establishment in which employed (or employer)
10c Name of employer

11 Where was disease contracted? (If not at place of death)
12 Was there an operative gastric defect? (If not, date of)
13 Was there an ulcer?
14 What had not entered digestion?
Signed _____ M. D.
15 (Address)

16 RESIDENCE (city or town) Crenshaw
(State or county)

17 NAME OF FATHER Lafayette Jackson

18 RESIDENCE OF FATHER (city or town) Crenshaw
(State or county)

19 MOTHER'S NAME OF BIRTH Bobbie Jackson

20 RESIDENCE OF MOTHER (city or town) do.
(State or county)

21 Informant
Name Malissa Williams Relationship Wife

22 PLACE OF BIRTH, OCCUPATION, or HOSPITAL DATE OF BIRTH

23 SIGNATURE Malissa Williams License No. _____
24 SIGNATURE G. H. Parish License No. _____

P0994 ODOM - NOV. 29, 1910

CERTIFICATE OF DEATH

71

Peggy Odom

White

Age 12; Sex: F; Race: A. N. 10

Crenshaw

Inst. 12

City or town _____ used _____ street and No. _____

Place of birth of deceased (state or country) W. Va.

White or colored white Male or female female Occupation _____

How long did deceased reside at place of death? 30 years

Where was disease contracted? at home Duration of illness 2 months

Principal disease causing death Paralysis

Contributory disease-causing death valvular heart disease with nephritis

If suicidal, suicidal, or accidental, state definitely how accomplished _____

Did deceased undergo a surgical operation, and if so when and of what nature? NA

Age at death 12; months 8; days 10; single, married or widowed? widowed

Full name of father of deceased not known

State of birth of father (state or country) Georgia

Full name of mother of deceased not known

State of birth of mother (state or country) Georgia

Place of residence of deceased Wetherby Mulberry

Signature W. H. Rice

Place 1200 Old Pigeon Creek Ave

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

File No. for State Registrar Only.

525

1 PLACE OF DEATH
 County Cass
 Town or City of Bay No. 9 St. _____ Ward _____

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

2 FULL NAME Annie Carpenter
 (a) Residence, No. _____ St., _____ Ward, _____
 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 Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6 DATE OF BIRTH (month, day, and year) _____
 7 AGE Years 28 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

16 DATE OF DEATH (month, day, and year) 4-18 1918
 17 I HEREBY CERTIFY, That I attended deceased from 4-18 1918 to 4-18 1918 that I last saw her alive on 4-18 1918 and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:
Uremia
 (duration) _____ yrs. _____ mos. _____ ds.

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 _____

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? _____

9 BIRTHPLACE (city or town) (State or country) Ala
 10 NAME OF FATHER Sam Chandler
 11 BIRTHPLACE OF FATHER (city or town) (State or country) Ala
 12 MAIDEN NAME OF MOTHER Mother Mrs Daniel
 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ala

What test confirmed diagnosis? _____
 (Signed) [Signature] M. D.
 19 (Address) [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.)

14 Informant (Address) _____
 15 Filed _____ 19 _____ Registrar _____

19 PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL _____
Rich Soil
 20 UNDERTAKER _____ ADDRESS _____

PARENTS