

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

File No. for State Registrar Only

10379

 Reg. District No. 2101 Certificate No. 1
 To Be Inserted By Registrar
1. PLACE OF DEATH
 County Crenshaw Beat No. 1 Street _____
 City or Town Lapine No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 R.F.D. 1
1a. PLACE OF RESIDENCE: State Ala Length of residence where death occurred 8 yrs. 8 mos. 0 days
 (Usual place of abode)
 County Crenshaw Beat 1
 City or Town Lapine No. _____ Street _____
 R.F.D. _____
2. FULL NAME
John Henry Barnes
PERSONAL AND STATISTICAL PARTICULARS
 3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Ala
(State or country)13. NAME Henry Square Barnes14. BIRTHPLACE (city or town) Ala.
(State or country)15. MAIDEN NAME Katie Bell Davis16. BIRTHPLACE (city or town) Ala.
(State or country)17. INFORMANT Judy Berginier
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place New Hope Date May 12 193819. SIGNATURE OF UNDERTAKER Furman Spear License No. _____
(Address)20. Filed May 20, 1938 A. J. Jones Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, and year) May 11, 193822. I HEREBY CERTIFY, That I attended deceased from May 11, 1938, to May 11, 1938I last saw him/alive on May 11, 1938, death is said to have occurred on the date stated above, at 5 p. m.

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

Colitis

Duration of Condition

Yrs. Mo. Da.

CONTRIBUTORY CAUSES of importance NOT RELATED to principal cause:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

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? _____

If so, specify _____

(Signed) A. J. Jones M. D.May 20, 1938 (Address) Highland Home

Date of Issue _____

CERTIFICATE OF DEATH.

Jerry Cook

April 7; day *24*; 19*10*; Hour: *6* A. M.

Cremshaw; loc. *127*

ward: _____; street and No. _____

Place of birth of deceased (state or country) *Ala*

White or colored *W* Male or female *Male* Occupation *Tenant*

How long did deceased reside at place of death? *20 years*

Where was disease contracted? *at home* Duration of illness *3 mo*

Principal disease causing death *T. B.*

Secondary disease causing death *insufficient nourishment*

Was death natural, suicidal, or accidental, state definitely how accomplished.

Was there any surgical operation, and if so when and of what nature? *No*

Age *78* months _____ days *10* single, married or widowed?

Name of father of deceased *W. H. K. Brown*

Name of mother (state or country) *" "*

Name of father of informant *" "*

Name of mother of informant *" "*

Name of informant *Mrs. Mary Jane Ford*

Signature *W. H. Bell*

Place *Wagon Creek*

4/30

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. PLACE OF DEATH		21. DATE OF DEATH (month, day, and year) <u>11/24/39</u> . 19	
County <u>Crenshaw</u>	Beat No. <u>14</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>11-20</u> 19 <u>39</u> to <u>11-24</u> 19 <u>39</u>	
City or Town <u>Luverne, Ala.</u>	No. _____	I last saw <u>him</u> alive on <u>11-23</u> 19 <u>39</u> , death is said to have occurred on the date stated above, at <u>9</u> <u>a</u> m.	
R.F.D. _____	(If death occurred in a hospital or institution, give its NAME instead of street and number)	The PRINCIPAL CAUSE OF DEATH and RELATED CAUSES of importance in order of onset were as follows:	
1a. PLACE OF RESIDENCE: State <u>Ala.</u> Length of residence where death occurred <u>11</u> yrs. <u>14</u> mos. <u>24</u> days		Duration of Condition	
County <u>Crenshaw</u>	Beat <u>14</u>	Yrs. Mo. Da.	
City or Town <u>Luverne, Ala.</u>	No. _____	<u>Broncho pneumonia</u>	
R.F.D. _____	Street _____	<u>1073</u>	
2. FULL NAME <u>Rex Carpenter</u>		CONTRIBUTORY CAUSES of importance NOT RELATED to principal cause:	
3. SEX <u>male</u>		Was an operation performed? _____ Date of _____	
4. Color or Race <u>colored</u>		For what disease or injury? _____	
5. Single, Married, Widowed, or Divorced <u>single</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		23. If death was due to external causes (VIOLENCE) (fill in also the following: Accident, suicide, or homicide? _____ Date of injury? _____ 19 <u>39</u>)	
7. DATE OF BIRTH (month, day, and year) <u>7/10/39</u>		Where did injury occur? _____ (Specify city or town, county, and State)	
8. AGE Years _____ Months <u>4</u> Days _____ If LESS than 1 day, _____ hrs. or _____ min.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE _____	
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>infant</u>		Manner of injury _____	
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		Nature of injury _____	
11. Date deceased last worked at this occupation (month and year) _____		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
11. Total time (years) spent in this occupation _____		(Signed) <u>L. A. Windham</u> M. D.	
12. BIRTHPLACE (city or town) <u>Ala.</u> (State or country) _____		19 _____ (Address) _____	
13. NAME <u>Theodore Carpenter</u>		Date of Issue _____	
14. BIRTHPLACE (city or town) <u>Ala.</u> (State or country) _____		Burial or Transit Permit issued by _____	
15. MAIDEN NAME <u>Janie Richburg</u>			
16. BIRTHPLACE (city or town) <u>Ala.</u> (State or country) _____			
17. INFORMANT <u>Janie Carpenter</u> (Address) <u>Luverne, Ala.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>The Valley</u> Date <u>11/24</u> 19 <u>39</u>			
SIGNATURE OF UNDERTAKER <u>Turner Bros. Funeral Home</u> (Address) <u>Luverne, Ala.</u>			
25. Filed <u>43/5</u> 19 <u>39</u> <u>Opal M. Jauher</u> Registrar			

For County Use

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

File No. for State Registrar Only.

29426

Reg. District No. 2114-04 Certificate No. _____
To Be Inserted By Registrar

(Usual place of abode)

For County Use

2100

CERTIFICATE OF DEATH

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

File No. for State Registrar Only
15927

1 PLACE OF DEATH

County Crenshaw Reg. District or Beat No. 9 Certificate No. _____
Town or City Brantley Street or R. F. D. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 FULL NAME

Jessie Carpenter
(a) Residence, No. Brantley Street or R. F. D. _____ Ward _____
(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND or (last) WIFE of Livonia Carpenter

7. DATE OF BIRTH (month, day, and year) March 29, 1902

8. AGE Years Months Days If LESS than 1 day, hrs. or min.
24 11 4 8

9. Trade, profession, or particular kind of work done, or occupation, lawyer, bookkeeper, etc. Dolly Loading
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Mill
11. Total time (years) spent in this occupation 6

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

13. NAME Sherman Carpenter

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

15. MAIDEN NAME Minerva Howard Kenon

16. BIRTHPLACE (city or town) not known (State or country)

17. INFORMANT Jessie Carpenter's Wife (Address) Brantley

18. BURIAL, CREMATION, OR REMOVAL Place Bullock Date 9/5 1930

19. UNDERTAKER J. H. Bunsfield (Address) Brantley

20. Filed Aug 6, 1930 Celeste Davis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 4, 1930

22. I HEREBY CERTIFY, That I attended deceased from 12-28 1929 to 3-4 1930
I last saw him alive on 2-23 1930 death is held

to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Acute Pulmonary Tuberculosis
23

Contributory causes of importance not related to principal cause: None

Name of operation None Date of _____
What test confirmed diagnosis Chemical Exam Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 2 1930
Where did injury occur? In injury (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify _____

(Signed) J. B. Malley 19 _____ (Address) Brantley Ala

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

This form should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

8109

For County Use

46

1 PLACE OF DEATH

County Crenshaw Reg. District or Beat No. 21-0014 Certificate No. _____
 Town or City Luverne Street or R. F. D. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 FULL NAME

John Carpenter
 (a) Residence, No. Luverne, Ala. Street or R. F. D. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Blk 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pate Hart Carpenter

6. DATE OF BIRTH (month, day, and year) D. K.

7. AGE Years Months Days If LESS than 1 day. hrs. or min.
70

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. rented

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) Ala.

13. NAME Impossible to get information

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

15. MAIDEN NAME W

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

17. INFORMANT & (Address) T. Carpenter, Luverne
Milanda Reynolds, Luverne

18. BURIAL, CREMATION, OR REMOVAL Place Temple Date 4/9/31, 1931

19. UNDERTAKER (Address) Turner Bros., Luverne, Ala.

20. Filed Apr. 20 1931
4/17/31

J. N. Holland
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/8/31, 1931

I HEREBY CERTIFY That I attended deceased from Mar 15, 1931, to April 8, 1931
 I last saw him alive on Mar 30, 1931, death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance in order of onset were as follows:

Malaysia
Cerebral hemorrhage
hemiplegia
 Contributory causes of importance not related to principal cause:
DK

Date of onset
DK

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What text 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? NO

If so, specify _____

Signed J. J. Rogers, M. D.

April 17, 1931 (Address) Luverne

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

nation 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.

THIS IS A
LEGAL
RETURN AND
WILL BE PER-
MANENTLY
FILED

SEE OTHER
SIDE

FILL IN
WITH A
TYPEWRITER
WRITE
PLAINLY
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 CER-
TIFICATION
SHOULD BE
COMPLETED
BY THE LOCAL
HEALTH
OFFICER, OR
CORONER IF
HE IS A
PHYSICIAN OR
IF INQUEST
WAS HELD

VS-2-

CERTIFICATE OF DEATH
STATE OF ALABAMA

10915

1. PLACE OF DEATH a. County Crenshaw 21016		b. Beat No. 9		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before institution)	
c. City (If outside city or town limits, write RURAL) Or Town Brantley (d. Length of Stay (in this place) 2 days)		e. State Ala. 21016		b. County Crenshaw	
c. Full Name of (If not in hospital or institution, give street address or location) Hospital or Institution		d. Street Address		(If rural, give location)	
3. Name of DECEASED (Type or Print)		a. (First) Annie	b. Middle Jo	c. (Last) Carpenter	d. Date (Month) (Day) (Year) Of Death May 24, 1958
4. Sex female	5. Color or Race colored	7. Married, Never Married, Widowed, Divorced (Specify) never married		8. Date of Birth 5/22/58	9. Age (In years last birthday) If under 1 Year If Under 24 Hrs. Months Days Hours Min. 2 days
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) Ala. /	
12. Father's Name Malcom Lee Carpenter		14. Mother's Maiden Name Ruth Hinds		13. Citizen of What Country? U.S.A.	
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 Malcom Lee Carpenter, Brantley, Ala.	
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." 18a. Date of Operation		MEDICAL CERTIFICATION I. Disease or Condition Directly Leading to Death* (a) Found dead in bed Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. probably smothered Due To (b) 9240 II. Other Significant Conditions Conditions contributing to death but not related to the disease or condition causing death. 18b. Major Findings of Operation			Interval Between Onset and Death
20. Anisopy? Yes () No ()		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 Not While m. Work () at Work ()	
21f. How Did Injury Occur?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, m., from the causes and on the date stated above.			
23a. SIGNATURE <i>M. E. Turner</i>		(Degree or title) Coroner		23b. Address Luverne, Ala.	
23c. Date Signed 5/27/58		24a. Burial, Cremation, Reinterment (Specify) Burial		24b. Date 5/24/58	
24c. Name of Cemetery or Crematory Brantley Cemetery		24d. Location (City, town, or county) (State) Brantley, Ala.		25. Date Rec'd by Local Registrar's Signature 6-5-58	
25. Name of Registrar <i>James Houston</i>		26. Name of Funeral Director <i>Turner's Funeral Home</i>		26. Address Luverne, Ala.	

File No. for State Registrar Only
13207

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

Reg. District of 2094
Certificate No. 11

Street or R. F. D. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 City or town where death occurred Yes no do How long in U. S., if of foreign birth? yes no
 FULL NAME Un-named Infants
 (a) Residence No. Lawrence Street or R. F. D. Ward
 (Place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex <u>Boy</u>	2. Color or Race <u>Black</u>	3. Single, Married, Widowed, or Divorced (write the word)
4. Age <u>9</u>	5. Date of Birth <u>June 20 1930</u>	6. Date of Death <u>June 20 1930</u>
7. Birth, including, if available, date of birth, place of birth, etc.	<u>Infant</u>	
8. Residence at birth, including, if available, date of birth, place of birth, etc.	<u>Infant</u>	
9. Residence at death, including, if available, date of death, place of death, etc.	<u>Infant</u>	
10. Name of physician attending at death	<u>Infant</u>	
11. Name of physician attending at death	<u>Infant</u>	
12. Name of physician attending at death	<u>Infant</u>	
13. Name of physician attending at death	<u>Infant</u>	
14. Name of physician attending at death	<u>Infant</u>	
15. Name of physician attending at death	<u>Infant</u>	
16. Name of physician attending at death	<u>Infant</u>	
17. Name of physician attending at death	<u>Infant</u>	
18. Name of physician attending at death	<u>Infant</u>	
19. Name of physician attending at death	<u>Infant</u>	
20. Name of physician attending at death	<u>Infant</u>	
21. Name of physician attending at death	<u>Infant</u>	
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95. Name of physician attending at death	<u>Infant</u>	
96. Name of physician attending at death	<u>Infant</u>	
97. Name of physician attending at death	<u>Infant</u>	
98. Name of physician attending at death	<u>Infant</u>	
99. Name of physician attending at death	<u>Infant</u>	
100. Name of physician attending at death	<u>Infant</u>	

MEDICAL CERTIFICATE OF DEATH

11. DATE OF DEATH (month, day, and year) June 20 1930

12. I HEREBY CERTIFY that I attended deceased from no data on attendance to no data on attendance death in and was present on the day stated above, and the probable cause of death and related causes of importance to public health were as follows:

Overdose due to crushed pills

Preshalene

Contributory causes of importance not related to principal cause:

159

Name of operation _____ Date of _____

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

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

14. Was disease or injury in any way related to occupation of deceased? If so, Cherry Rowan (nurse)

(Signed) J. D. Felt

Standard Certificate of Death

State File No. **16408**

STATE OF ALABAMA

Registrar's No. **21-171**

1. PLACE OF DEATH:
County Crenshaw ²¹¹²⁰⁰⁷ Best No. 2
City or Town Muret
(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 58
(Specify in years, months and days)

2. USUAL RESIDENCE OF DECEASED
State Ala ²¹¹²⁰⁰⁷
County Crenshaw Best No. 12
City or Town Barrettly
(If outside corporate limits of city or town write RURAL)
Street address Route B
(If rural, give R. F. D. and Box No.)

3. (a) FULL NAME William Jack Ridgeway ³²⁰ If Foreign Born
(b) If veteran. **(c) Social Security** _____ How Long in U. S. ? Yes

4. Sex MA **5. Color or Race** Col **6. (a) Single, widowed, married.** divorced married
7. (b) Name of husband or wife Annal Ridgeway **8. (c) Age of husband or wife if** alive 48 years

7. Birth date of deceased 5 9 1865
(Month) (Day) (Year)

8. AGE: Years PO Months _____ Days _____ If less than one day
hr. min.

9. Birthplace Rutledge Crenshaw Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Farmering

11. Industry or business _____

12. Name Jim Rodgers

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

14. Maiden name Silda Ridgeway

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

16. Informant's signature Wall Ridgeway

Address _____

17. (Burial, cremation, or removal) burial **Date** 9 9 45
(Month) (Day) (Year)

Place: burial or cremation Mulberry Cour

18. Name of Undertaker Doray Reynolds

Address Sumner Ave

19. (a) 9-10-45 **(b)** Gura L. Swanner
(Date received and Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month Sept day 6 year 45

21. I hereby certify that I attended the deceased from _____
_____ 1944, to Sept 4 1945
that I last saw him alive on Sept 4
and that death occurred on the date stated above
at 4 Pm

Immediate cause of death enlarged heart - myocarditis **2**
Due to Nephritis - chronic

Other conditions enlarged prostate
(Include pregnancy within 3 months of death)

Name of operation _____

Date of operation 1316
MAJOR FINDINGS: 93e
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 R. L. Jennison (M. D. or other)
Address Pigeon Creek **Date Signed** Sept 7/45

Duration	
Yrs	Mo/ Da
2	

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

NOTE INSTRUCTIONS ON OTHER SIDE

MOTHER FATHER

211404

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.

25757

For County Use

192

1. Place of Death

County Greene

Reg. District or Heat No. SI-3014

Certificate No.

City or Town Luverne

Street or RFD No.

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

2a. Place of Residence: State Ala.

(If not same as place of death)

Length of residence where death occurred yr. mos. days

County Greene

Beat 14

City or Town Luverne

R.F.D. No.

No.

211404

Street

2. FULL NAME Willie Lamon Jackson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. SEX <u>Male</u>	4. Color or Race <u>Black</u>	1. Single, Married, Widowed, or Divorced (write the word)
2a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
3. DATE OF BIRTH (month, day, and year) <u>Dec. 3, 1935</u>		
7. AGE Years	Months	Days
		<u>0</u>
		IF LESS than 1 day, <u>21</u> hrs. or <u>min.</u>

21. DATE OF DEATH (month, day, and year) Dec. 4, 1935

22. I HEREBY CERTIFY that I attended deceased from Dec. 3, 1935 to Dec. 4, 1935

I last saw him alive on Dec. 3, 1935, death is held to have occurred on the date stated above at LA

The principal cause of death and related causes of importance in order of onset were as follows:
Premature birth-

Date of onset
7 mo.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
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)	

Contributory causes of importance not related to principal cause:

159

13. BIRTHPLACE (city or town) Luverne, Ala.
(State or country)

14. NAME Lamon Jackson

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

15. MAIDEN NAME Normal Gentry

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

17. INFORMANT Lamon Jackson
(Address) Luverne, Ala.

18. BURIAL, CREMATION, OR REMOVAL
Place Luverne Cemetery Date Dec. 4, 1935

19. UNDERTAKER Home Made Coffin
(Address)

20. Filed Dec. 4, 1935
192

Opal Taylor
Registrar

Was an operation performed? _____ Date of _____

For what disease or injury? _____

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

23. If death was due to external cause (violence) fill in the following:
Accident, suicide, or homicide? _____ Date of injury: _____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Opal Taylor Registrar
19 (Address) rock

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.

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

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.

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

The Ala. J. & B. Co.
 Department, Ala.

65

1 PLACE OF DEATH Prichard Ala
 County Chickasaw
 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 John Barnes
 (a) Residence No. 1015 1/2 St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 1/2 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 Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
 (Write the word) Widower

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. _____ min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Harmer
 (b) General nature of industry, business, or establishment in which employed (or contractor) Boysen & Co
 (c) Name of employer Boysen & Co

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

11 NAME OF FATHER W. Barnes

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

13 MAIDEN NAME OF MOTHER

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

15 Signature (Address)

16 File No. _____ 17 Signature _____

16 DATE OF DEATH (month, day, and year) June 14 1919

17 I HEREBY CERTIFY that I attended deceased from May 30 1918 to June 1 1919 that I last saw him alive on June 1 1919 and that death occurred, on the date stated above, at Prichard Ala the CAUSE OF DEATH* was as follows:

Pneumonia

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

19 Where was illness contracted _____ (duration) _____ yrs. _____ mos. _____ ds.
 If not at place of death: _____

20 Did an operation precede death? No Date of _____

21 Was there an autopsy? No

22 What test confirmed diagnosis? Microscopic

(Signed) J. P. G. G. G. M. D.

23 (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.)

24 PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL Prichard 25 _____

26 UNDERTAKER ADDRESS _____

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.

65

1 PLACE OF DEATH

County Chickasaw Ala
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

(a) Residence No. Greenwood St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1/2 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 Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(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.
26

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) Farmland
(c) Name of employer Robert H. Hylles

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

10 NAME OF FATHER W. H. Hylles

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 (Address)

15 Filed _____ 19 _____

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1919

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1919, to June 1, 1919, that I last saw h. _____ alive on June 1, 1919, and that death occurred, on the date stated above, at 17 Oak St

The CAUSE OF DEATH* was as follows:

Pneumonia

(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? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Dr. Hylles

(Signed) J. Hylles, M. D.

19 (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

Abner Church 19 _____

20 UNDERTAKER ADDRESS

MARGIN RESERVED FOR BINDING

FORM No. 2.-100M.-1-1-19.

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.

CERTIFICATE OF DEATH.

583 *6*

FORM No. 2

1. Full name of deceased
2. Date of death: Month *July*; day *10*; 19*12*; Hour: A. M., *3* P. M.
3. Place of death (county) *Crenshaw*; beat *13*
4. City or town; ward; street and No.
5. Place of birth of deceased (state or country) *Ala.*
6. ~~White~~ or colored? ~~Male~~ or female? Occupation *Infant.*
7. How long did deceased reside at place of death? *5 months.*
8. Where was disease contracted? *at Home* Duration of illness *3 weeks.*
9. Principal disease causing death *Bronchitis.*
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 *5*; days; single, ~~married or widowed?~~
14. Full name of father of deceased *Hayden Barnes (col)*
15. Birthplace of father (state or country) *Ala.*
16. Full name of mother of deceased *Mrs Hayden Barnes*
17. Birthplace of mother (state or country) *Ala.*
18. Place of interment *—*
19. Remarks:

Reporter *A. J. Jones M.D.*
 Post Office *H. H. Ala.*

Date of Report 19.....

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.

1 PLACE OF DEATH
County Crenshaw Reg. District or Post No. 25007 Certificate No. 5753
Town or City Lawrence Ala 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 Willie Jackson
3a) Residence, No. _____ Ward _____
(Usual place of abode) Lawrence Ala (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

4 SEX M 5 COLOR OR RACE Black 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED M.
(Write the word)

7a) If married, widowed, or divorced HUSBAND of Becky Jackson (or) WIFE of _____

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

9 AGE Years 71 Month _____ Days _____ If LESS than 1 day _____ hrs. _____ or _____ min.

10 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 _____

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

12 NAME OF FATHER Willie Jackson

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

14 MOTHER'S NAME OF MOTHER Liza Jackson

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

16 Informant (Address) Lucius Jones

17 Filed 7/3 1955 W. B. Scott Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year) 7-1 1955

19 I HEREBY CERTIFY, That I attended deceased from 7-1 1955, to 7-1 1955, that I last saw him alive on 7-1 1955, and that death occurred, on the date stated above, at 6 p.m.
The CAUSE OF DEATH was as follows:

Coronary Thrombosis
90 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) metabolic insufficiency
(duration) yrs. mos. ds. 6 mos.

20 Where was disease contracted? X
If not at place of death?

21 Did an operation precede death? no Date of _____

22 Was there an autopsy? no

23 What test confirmed diagnosis? symptoms
(Signed) J. M. McInerney, M.D.
(Address) Lawrence 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.)

24 PLACE OF BURIAL, Cremation, or Removal DATE OF BURIAL _____

25 UNDERTAKER _____ ADDRESS _____

DEATH is a public event and should be reported to the health department.

2100

CERTIFICATE OF DEATH

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

File No. for Death
1933

1 PLACE OF DEATH
 County Crenshaw
 Town or Brantley, Ala., RT#2
 City _____ Street or R. F. D. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred yrs. mos. _____ How long in U. S., if of foreign birth? yrs. mos. _____
 2 FULL NAME Mary E. Williamson
 (a) Residence, No. Brantley, Ala., RT#2 Street or R. F. D. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed
 6. If married, widowed, or divorced, name of last wife or husband Alex Williamson
 7. DATE OF BIRTH (month, day, and year) May 10-1847
 7. AGE Years _____ Months _____ Days _____
 8. Trade, profession, or occupation (kind of work done, as spinner, weaver, bookkeeper, etc.) housewife
 9. Industry or business in which work was done, as oil 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. DATE OF DEATH (month, day, and year) 9/20/33
 13. I HEREBY CERTIFY, that I attended deceased from 9/4 to 9/15 1933
 I had seen deceased on 9/15, 1932, death is said to have occurred on the date stated above, at _____
 The principal cause of death and related causes of importance in order of causal trace as follows:

apoplexy
82

14. CONTRIBUTORY causes of importance not related to principal cause:

15. Name of operation _____ Date of _____
 16. What test confirmed diagnosis? _____ Was there an autopsy? _____
 17. If death was due to external cause (violence) fill in also the following:
 Accident, outside, or homicide? _____ Date of injury _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 18. Manner of injury _____
 19. Nature of injury _____

20. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) M. R. Morgan M. D.

OCCUPATION

PLACE OF BIRTH

MARRIAGE

DEATH

State the disease causing death see entry side for further instructions.

CERTIFICATE OF DEATH.

1. Full name of deceased C. Ryals
(Do not fail to give Full Name)

2. Date of death: Month Feb; day 22; 1913; Hour: 8 A. M. 3 P. M.

3. Place of death (county) Monroe; beat 1

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

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

6. White or colored? _____ Male or female? _____ Occupation Farmer

7. How long did deceased reside at place of death? 2 months

8. Where was disease contracted? at home Duration of illness 1

9. Principal disease causing death Rickets

10. Contributory disease causing death measles

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 2; months _____; days _____; single, married or widowed? _____

14. Full name of father of deceased Jason Ryals

15. Birthplace of father (state or country) Ala.

16. Full name of mother of deceased Miss Sallie Ryals

17. Birthplace of mother (state or country) Ala.

18. Place of interment Anda Cemetery

19. Remarks: Child had measles prior to me

Reporter H. J. Jones M.D.

Date of Report Apr 4 1913 Post Office H. H. Ala.

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

Form No. 2

CERTIFICATE OF DEATH

1. Full name of deceased: E. B. Beard
(Do not fail to give Full Name)
2. Date of death: Month May, Day 19, 1953 Hour: 3:30 P. M.
3. Place of death (county) DeWitt, Post 6
4. City or town _____ Ward _____ Street and No. _____
5. Place of birth of deceased (state or country) Alabama
6. White or colored? _____ Male or female? _____ Occupation Farmer
7. How long did deceased reside at place of death? 50 years
8. Where was disease contracted? at residence Duration of illness one month
9. Principal disease causing death Tuberculosis of Heart
10. Contributory disease causing death Leaking Vascul
11. If homicidal, suicidal, or accidental, state definitely how accomplished _____
12. Did deceased undergo a surgical operation, and if so, where and of what nature? No
13. Age: Years 73, months _____, days _____, Single, married or widowed? _____
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 Black Rock
19. Remarks _____
20. Date of Report June 4 1953 Reporter Med. Major
Post Office Hannaman

CERTIFICATE OF DEATH

41

1. Full name of deceased George Mellesiuson
(Do not fail to give Full Name)
2. Date of death: Month Febry; day 13; 1912; Hour: 7-A. M., P. M.
3. Place of death (county) Exushara; beat 4
City or town _____; ward _____; street and No _____
5. Place of birth of deceased (state or country) Georgia
6. White or colored? W Male or female? _____ Occupation farmer
7. How long did deceased reside at place of death? 2 months
9. Where was disease contracted? At Residence Duration of illness 2 weeks
9. Principal disease causing death Pneumonia
10. Contributory disease causing death Influenza
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? No
13. Age: Years 68; months _____; days _____; single, married or widowed? Married
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 Mt Leonard - Alabama
19. Remarks: _____
- Reporter Chas W Sheppard
Date of Report March 4th 1912 Post Office Honorsville Ala

CERTIFICATE OF DEATH.

563 Form No. 2

1. Full name of deceased Lula Henderson
(Do not fail to give Full Name)
2. Date of death: Month June; day 12, 1912, Hour 4⁰⁰ A. M., P. M.
3. Place of death (county) Crenshaw; beat 7
4. City or town _____; ward _____ street and No. _____
5. Place of birth of deceased (state or country) ala
6. White or colored? _____ Male or female? _____ Occupation House wife
7. How long did deceased reside at place of death? 1 yr
8. Where was disease contracted? at Providence Duration of illness 3 months
9. Principal disease causing death Bright's disease
10. Contributory disease causing death Pregnancy
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? no
13. Age: Years 23; months 4; days 10; single, married or widowed?
14. Full name of father of deceased Jessie Jordan
15. Birthplace of father (state or country) ala
16. Full name of mother of deceased Mary Jordan
17. Birthplace of mother (state or country) ala
18. Place of interment old Providence near Glenwood
19. Remarks: _____

Reporter Hodkinson

Date of Report 7/1 1912 Post Office Patitany ala

For County Use

80

2102

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

File No. for State Registrar Only.

7804

1 PLACE OF DEATHCounty Crenshaw

Reg. District or

Beat No. 21-5014

Certificate No. _____

Town or
City Luverne, A la.

Street or R. F. D. _____

Ward _____

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

2 FULL NAME Mary Americus Williamson(a) Residence, No. Luverne, A la.

Street or R. F. D. _____

Ward _____

(Usual place of abode)

(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>WIDOW</u>
-------------------------	----------------------------------	---

3a. If married, widowed, or divorced

HUSBAND of Miller Williamson
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) 4/3/1854

7. AGE	Years	Months	Days	IF LESS than
<u>80</u>				1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper-se

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) Ala.
(State or country)13. NAME James L. Daniel14. BIRTHPLACE (city or town) Ala.
(State or country)15. MAIDEN NAME Ellen Appinwall16. BIRTHPLACE (city or town) Ala.
(State or country)17. INFORMANT Mrs. T. A. Payne
(Address) Luverne, Ala.18. BURIAL, CREMATION, OR REMOVAL
Place Cameron's Chapel Date 4/17/3419. UNDERTAKER Turner Bros.
(Address) Luverne, Al.20. Filed 5/9/34 193Geal Jansen
Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, and year) 4/16/34 . 193422. I HEREBY CERTIFY, That I attended deceased from 4-10 1934 to 4-16 1934I last saw her alive on 4/16/34 . 1934 death is saidto have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:Intestinal obstruction1226

Contributory causes of importance not related to principal cause

Stomach acidosis
ToxemiaDate of onset
4/16/34

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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?
no If so, specify _____(Signed) Ralph M. Stewart M. D.5/8 1934 (Address) Luverne, Ala.

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

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.

OCCUPATION

MOTHER FATHER

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.

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

File No. Per State Registrar Only.

85

1 PLACE OF DEATH Crenshaw
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 Lulu Armstrong
(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 W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

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

6 DATE OF BIRTH (month, day, and year) May 31 1883

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 Bookkeeping
(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 James Delora

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

12 MAIDEN NAME OF MOTHER Mary Whitehead

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

14 Informant Geo Hart
(Address) _____

15 Filled _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1919

17 I HEREBY CERTIFY, That I attended deceased from Aug 20 1919 to Aug 22 1919
that I last saw her alive on Aug 22 1919
and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Tuber culer peritonitis

(duration) 3 yrs. _____ mos. _____ ds.
CONTRIBUTORY blood dyscrasia
(Secondary) (duration) 4 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? no

(Signed) W. H. Bell M. D.

19 (Address) any city 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

Friendship Cemetery, Safford
20 UNDERTAKER ADDRESS

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

File No. for State Registrar Only.
15656

1 PLACE OF DEATH

County Bartholomew

Reg. District or Seat No.

Certificate No. 15656

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

Willie Edward Oplin

(a) Residence, No. (Usual place of abode)

St.

Ward (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos.

3. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Boy

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

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

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

7 AGE 4 Years Month Days If LESS than yrs.

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)

Ala

10 NAME OF FATHER

Joseph Oplin

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

Ala

12 MARRIAGE NAME OF MOTHER

Stellay Clark

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

14 Informant (Address)

15 Date July 27-5 J. J. [Signature]

MEDICAL CERTIFICATE OF DEATH

12 DATE OF DEATH (month, day, and year)

13 I HEREBY CERTIFY, That I attended deceased from July 4, 1925 to July 7, 1925 that I last saw him alive on July 7, 1925 and that death occurred, on the date stated above, at 330 The CAUSE OF DEATH "was as follows:

Tonsillar pneumonia
175

14 CONTRIBUTORY (Secondary)

15 Where was disease contracted? (Duration) yrs. mos. ds. If not at place of death?

16 Did an operation precede death? no Date of no Was there an autopsy? no

17 What test confirmed diagnosis? (Signed) R. E. Yernigan, M. D. (Address) R. E. Yernigan

18 State the DISEASE CAUSING DEATH, or its death 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

20 UNDERTAKER ADDRESS

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

File No. for State Registrar Only.

352

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

PERSONAL AND STATISTICAL PARTICULARS

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

6a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of J. N. Williamson

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

7 AGE Years Months Days IF LESS than 1 day, hrs. or min.
65

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) Alabama
 (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 _____
 (Address)

15 Filed _____, 19 _____

Registrar

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from July 12 1918 to July 16 1918
 that I last saw her alive on July 16 1918
 and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

CONTRIBUTORY (Secondary)

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

Did an operation precede death? no. Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. L. Morgan M. D.

19 (Address) Honoraville

*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.)

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

Bethlehem Cemetery, June 17 1918

20 UNDERTAKER

W. J. Turner Liverside

See instructions on back of certificate.

CERTIFICATE OF DEATH
STATE OF ALABAMA

15088

1. PLACE OF DEATH a. County 21XX8 Crenshaw		b. Beat No. 12	2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. State Alabama 21XX8 County Crenshaw	
c. City (if outside city or town limits, write RURAL) Or Town Brantley, Ala. #3		d. Length of Stay (in this place) yrs.	e. City (if outside city or town limits, write RURAL) Or Town Brantley, #3	
3. Full Name of (if not in hospital or institution, give street address or location) Hospital or Institution		4. Street Address (if rural, give location)		

5. Name of DECEASED (Type or Print)		a. (First) James	b. (Middle) Earnest	c. (Last) Aplin	6. Date (Month) (Day) (Year) Of Death August 17, 1955
7. Sex Male	8. Color or Race White	9. Married, Never Married, Widowed, Divorced (Specify) Widowed Mar.		10. Date of Birth 22, 1900	11. Age (in years last birthday) 55
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) Alabama	
12. Father's Name James Allen Aplin			13. Mother's Maiden Name Elizabeth Jane Huckoba		

14. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) NO	16. Social Security No. 420-14-9698	17. INFORMANT'S NAME AND ADDRESS Miss Noble Aplin, Brantley, Ala., #3	
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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.		I. Disease or Condition Directly Leading to Death* (a) Cancer of Stomach		Interval Between Onset and Death
Antecedent Cause Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Due To (b)		
II. Other Significant Conditions Conditions contributing to death but not related to the disease or condition causing death.		Due To (c) 151X		

19a. Date of Operation	19b. Major Findings of Operation	20. Autopsy? Yes () No ()
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)	21e. Injury Occurred While at Work () Not While at Work ()	21f. How Did Injury Occur

18. I hereby certify that I attended the deceased from **Aug 9, 1955** to **Aug 17, 1955**, that I last saw the deceased alive on **Aug 16, 1955**, and that death occurred at **m.** from the cause and on the date stated above.

22a. SIGNATURE R. P. Gunnison		(Degree or title) 22b. Address 4900 Ligon Creek	22c. Date signed 8/27/55
23a. Burial, Cremation, Removal (Specify) Burial	23b. Date 8/19/55	23c. Name of Cemetery or Crematory Pleasant Home Cem.	23d. Location (City, town, or county) (State) Brantley, Ala., RFD.
24. Date Rec'd by Local Registrar's Signature 9-6-55 Eura De Swanner		25. Funeral Director TURNER'S FUNERAL HOME, LUVERNS, ALA.	