

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

File No. for State Registrar Only.

600

1 PLACE OF DEATH *Dale*  
County \_\_\_\_\_  
Town or City of *Madison City, Ala.* No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2 FULL NAME *Mrs D. E. Carpenter*  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 *D. E. Carpenter* (or) WIFE of \_\_\_\_\_  
7 AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

MEDICAL CERTIFICATE OF DEATH  
14 DATE OF DEATH (month, day, and year) *Nov 12 1914*

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 18 \_\_\_\_\_ 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:

*Pneumonia*  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

15 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) \_\_\_\_\_ 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)

*Magnolia Church* ADDRESS \_\_\_\_\_ 19 \_\_\_\_\_

20 UNDERTAKER *J. H. Pope* ADDRESS \_\_\_\_\_ 19 \_\_\_\_\_

15 Filed \_\_\_\_\_ 19 \_\_\_\_\_ Registrar

8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work *H wife*  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_  
9 BIRTHPLACE (city or town) *Dale Co* (State or country) \_\_\_\_\_  
10 NAME OF FATHER *James Benton*  
11 BIRTHPLACE OF FATHER (city or town) *Dale Co* (State or country) \_\_\_\_\_  
12 MAIDEN NAME OF MOTHER *Ann H. H. H.*  
13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

14 Informant (Address) \_\_\_\_\_

15 Filed \_\_\_\_\_ 19 \_\_\_\_\_ Registrar

OF DEATH in plain language, 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.  
**30101**

**1 PLACE OF DEATH**  
 County Dale Reg. District or Beat No. 23-5001 Certificate No. \_\_\_\_\_  
 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** Celine Carpenter  
 (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. mon. ds.

**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 (or) WIFE of J. M. Carpenter

**6 DATE OF BIRTH** (month, day, and year) Feb 3 - 1869

**7 AGE** Years 57 Month 6 Days 5 If LESS than 1 day... hrs. or... min.

**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) 1st nurse wife  
 (c) Name of employer \_\_\_\_\_

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

**10 NAME OF FATHER** Hickins

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

**12 MAIDEN NAME OF MOTHER** Celine Hickins

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

**14 Informant** (Address) \_\_\_\_\_

**15 Filed** \_\_\_\_\_ Tommie Strickland Registrar

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** (month, day, and year) Aug. 8 1926

**17 I HEREBY CERTIFY**, That I attended deceased from Aug. 8 1926 to Aug. 8 1926 that I last saw her alive on Aug. 8 1926 and that death occurred, on the date stated above, at 6 o'clock PM. The CAUSE OF DEATH\* was as follows:  
Angina Pectoris  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY** (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis? no

(Signed) A. L. Whigham M. D.  
 (Address) Newville, 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 Whigham Church **DATE OF BURIAL** Aug 1926

**20 UNDERTAKER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE FLAINLY, 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.  
 FORM 2—(REV.)—11-17-25

For County Use

44-1111

## CERTIFICATE OF DEATH

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

File No. for State Registrar Only.  
**28301**

1. Place of Death  
County Dale Reg. District or Beat No. 220100 Certificate No. 7  
City or Town Newville Street or RFD No. \_\_\_\_\_ Street \_\_\_\_\_  
(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 2 yrs. 1 mos. 1 day  
County Dale Beat 9  
City or Town Newville R.F.D. 2 No. \_\_\_\_\_ Street \_\_\_\_\_

2. FULL NAME Lewis Ray Carpenter

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 \_\_\_\_\_

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

7. AGE 5 Years Months \_\_\_\_\_ 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) Dale  
(State or country)

13. NAME Willie Carpenter

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

15. MAIDEN NAME Ellie Parrish

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

17. INFORMANT \_\_\_\_\_  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wiggins Church 12/27, 1936

19. UNDERTAKER Houston F. Home  
(Address) Dale Ala.

20. 1/4 1937 Mrs. C.T. Bell  
Registrar

## MEDICAL CERTIFICATE OF DEATH

11. DATE OF DEATH (month, day, and year) 12/26, 1936

12. I HEREBY CERTIFY, That I attended deceased from 12/24, 1936 to 12/26, 1936  
I last saw him alive on 12/26, 1936 death is held to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance in order of causality were as follows:  
Thrombosed Arteries  
Received from a  
recurrent attack  
Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause:  
None

Was an operation performed? no Date of \_\_\_\_\_

For what disease or injury? none

What test confirmed diagnosis? none (Specify in 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) P.T. Harris M. D.

12/27, 1936 (Address) Newville

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

MARGIN RESERVED FOR BINDING

FORM 1-35

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.

MOTHER FATHER OCCUPATION



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

File No. for State Registrar/Duty.

**21214**

**1 PLACE OF DEATH**  
 County Dale  
 Town or City of Newville R-2 No. 23-0009 St. 23-0009 Ward         

**2 FULL NAME** Mary Ann Carpenter  
 (a) Residence. No. Midway R-2 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 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** Gileam Carpenter  
 (or) **WIFE of**  
**6 DATE OF BIRTH** (month, day, and year)  
**7 AGE** 62 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) Barbour Co.  
 (State or country) Ala.

**10 NAME OF FATHER** David Strickland

**11 BIRTHPLACE OF FATHER** (city or town) N. C.  
 (State or country) Wilmington

**12 MAIDEN NAME OF MOTHER** Mary Ann Strickland

**13 BIRTHPLACE OF MOTHER** (city or town) N. C.  
 (State or country) Wilmington

**14 Informant** Mathie Carpenter  
 (Address) Newville R-2

**15 Filed** Nov 16, 1920 J. K. Minns  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** (month, day, and year) Oct 29 1920

**17 I HEREBY CERTIFY**, That I attended deceased from no doctor to          to          19         that I last saw          alive on          19         and that death occurred, on the date stated above, at         

The **CAUSE OF DEATH**\* was as follows:  
Purpura

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

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

Did an operation precede death? No Date of         

Was there an autopsy?         

What test confirmed diagnosis?         

(Signed)          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.)

**20 PLACE OF BURIAL, CREMATION, or REMOVAL**          **DATE OF BURIAL** Oct 30 1920  
Beahorn Cemetery  
Sykes Creek Church

**21 UNDERTAKER** S. P. B. Co. **ADDRESS** Ozark Ala  
22-16

Attention 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.