

MARGIN RESERVED FOR BINDING. 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
10379Reg. 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)

1a. PLACE OF RESIDENCE: State **Ala** Length of residence where death occurred yrs. **8** mos. _____ days
(Usual place of abode)
County **Crenshaw** Beat **1** Street _____

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 Barnes**

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

15. MAIDEN NAME **Katie Bell Davis**

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

17. INFORMANT **Judy Berginier**
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place **New Hope** Date **May 12 1938**

19. SIGNATURE OF UNDERTAKER **Furman Spear** License No. _____
(Address)

20. Filed **May 20, 1938** **A. J. Jones** Registrar

Burial or Transfer
Filed by _____**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, and year) **May 11, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 11, 1938, to May 11, 1938**

I 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 *not known*

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

Name of mother of deceased *" "*

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

Murphy James Ford

W. H. Bell

W. H. Bell

W. H. Bell

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 County <u>Crenshaw</u> Beat No. <u>14</u> City or Town <u>Luverne, Ala.</u> No. _____ Street _____ R.F.D. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) | | 21. DATE OF DEATH (month, day, and year) <u>11/24/39</u> . 19 <u>39</u> | |
| 1a. PLACE OF RESIDENCE: State <u>Ala.</u> Length of residence where death occurred _____ yrs. _____ mos. _____ days (Usual place of abode) County <u>Crenshaw</u> Beat <u>14 241</u> City or Town <u>Luverne, Ala.</u> No. _____ Street _____ R.F.D. _____ | | 22. <u>11-20</u> I HEREBY CERTIFY, That I attended deceased from <u>11-24-</u> 19 <u>39</u> I last saw <u>him</u> alive on <u>11-27</u> 19 <u>39</u> , death is said to have occurred on the date stated above, at <u>9</u> <u>a</u> m. | |
| 2. FULL NAME <u>Rex Carpenter</u> | | The PRINCIPAL CAUSE OF DEATH and RELATED CAUSES of importance in order of onset were as follows: <u>Broncho pneumonia</u> <u>1073</u> | |
| 3. SEX <u>male</u> 4. Color or Race <u>colored</u> 5. Single, Married, Widowed, or Divorced (write the word) <u>single</u> | | Duration of Condition Yrs. Mo. Da. _____. _____. _____ | |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | CONTRIBUTORY CAUSES of importance NOT RELATED to principal cause: | |
| 4. DATE OF BIRTH (month, day, and year) <u>7/10/39</u> | | Was an operation performed? _____ Date of _____ | |
| 7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min. | | For what disease or injury? _____ | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>infant</u> | | What test confirmed diagnosis? _____ Was there an autopsy? _____ | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | 23. If death was due to external causes (VIOLENCE) (fill in also the following: Accident, suicide, or homicide? _____ Date of injury? _____ 19____ | |
| 10. Date deceased last worked at this occupation (month and year) _____ | | Where did injury occur? _____ (Specify city or town, county, and State) | |
| 11. Total time (years) spent in this occupation _____ | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE _____ | |
| 12. BIRTHPLACE (city or town) <u>Ala.</u> (State or country) _____ | | Manner of injury _____ | |
| 13. NAME <u>Theodore Carpenter</u> | | Nature of injury _____ | |
| 14. BIRTHPLACE (city or town) <u>Ala.</u> (State or country) _____ | | 24. Was disease or injury in any way related to occupation of deceased? _____ | |
| 15. MAIDEN NAME <u>Janie Richburg</u> | | If so, specify _____ | |
| 16. BIRTHPLACE (city or town) <u>Ala.</u> (State or country) _____ | | (Signed) <u>L. A. Windham</u> M. D. | |
| 17. INFORMANT <u>Janie Carpenter</u> (Address) <u>Luverne, Ala.</u> | | 19. Address _____ | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>The Valley</u> Date <u>11/24</u> 19 <u>39</u> | | 19. Address _____ | |
| SIGNATURE OF UNDERTAKER <u>Turner Bros. Funeral Home</u> (Address) <u>Luverne, Ala.</u> | | Date of Issue _____ | |
| 20. Filed <u>43/5</u> 19 <u>39</u> <u>Opal M. Jauher</u> Registrar | | Burial or Transit Permit issued by _____ | |

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

1. PLACE OF DEATH

County Crenshaw Beat No. 14
City or Town Luverne, Ala. 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 Crenshaw Beat 14 241

City or Town Luverne, Ala. No. _____ Street _____
R.F.D. _____

2. FULL NAME Rex Carpenter

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single

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

4. DATE OF BIRTH (month, day, and year) 7/10/39

7. AGE 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.

infant

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 Theodore Carpenter14. BIRTHPLACE (city or town) Ala. (State or country) _____15. MAIDEN NAME Janie Richburg16. BIRTHPLACE (city or town) Ala. (State or country) _____17. INFORMANT Janie Carpenter (Address) Luverne, Ala.18. BURIAL, CREMATION, OR REMOVAL |
Place The Valley Date 11/24 1939SIGNATURE OF UNDERTAKER Turner Bros. Funeral Home (Address) Luverne, Ala.20. Filed 43/5 1939 Opal M. Jauher Registrar

Burial or Transit Permit issued by _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/24/39 . 193922. 11-20 I HEREBY CERTIFY, That I attended deceased from 11-24- 1939I last saw him alive on 11-27 1939, death is said to have occurred on the date stated above, at 9 a m.

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

Broncho pneumonia

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) L. A. Windham M. D.

19____ Address _____

Date of Issue _____

For County Use

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

File No. for State Registrar Only.

16972

1. PLACE OF DEATHCounty Crenshaw Beat No. 14City or Town Luverne, Ala. 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 27 yrs. 100 mos. 41 daysCounty Crenshaw Beat 14041City or Town Luverne, Ala. No. _____ Street _____

R.F.D. _____

2. FULL NAME Ralph Carpenter 615**PERSONAL AND STATISTICAL PARTICULARS**

1. SEX male **4. Color or Race** colored **5. Single, Married, Widowed, or Divorced (write the word)** single

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

7. DATE OF BIRTH (month, day, and year) 7/30/39

7. AGE Years _____ Months _____ Days 24 **IF LESS than** 1 day _____ hrs. _____ or min.

8. Trade, profession, or particular kind of work done, as engineer, lawyer, bookkeeper, etc. infant

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Luverne, Ala.
Crenshaw Co.

13. NAME Theodore Carpenter

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

15. MOTHER'S NAME Janie Richburg

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

17. INFORMANT Theodore Carpenter
(Address) Luverne, Ala.

18. NORMAL CERTIFICATE, OR RESERVATION The Valley Date 7/25/39

19. SIGNATURE OF Junner Bros. Funeral Home License _____
20. UNDERTAKER Luverne, Ala.

21. FILED 9-12-1939 1097 David V. Philips Registrar

Filed or Transmitted
 Through _____

Reg. District No. _____
 Certificate No. _____
 To Be Issued By Registrar

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, and year)** 7/24/39 19

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____, 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 onset were as follows:

Infant as Doctor - smothered
by death in bed, accidentally

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 7-24-39

Where did injury occur? Luverne, Ala. - Crenshaw Co.

Specify whether injury occurred in **INDUSTRY**, in **HOME**, or in **PUBLIC PLACE** Home

Manner of injury _____

Nature of injury _____

Is the disease or injury in any way related to occupation of deceased? _____

(Signed) M. C. Junner Junner, M. D.

Date of issue 8/25/39 (Address) Luverne, Ala.

Date of issue

M. D. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. 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 V-1-3-39-1-39

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

6. If married, widowed, or divorced HUSBAND or 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 No Operation Date of March 4
What test confirmed diagnosis Chemical Exam Was there an autopsy? No

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 None
Nature of injury None

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.

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For County Use

46

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.

8109

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.

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) a. State Ala. 21016 | | b. County Crenshaw | |
| c. City (If outside city or town limits, write RURAL) Or Town Brantley | | d. Length of Stay (In this place) 2 days | | c. City (If outside city or town limits, write RURAL) Or Town Brantley | | d. Beat No. 9 | |
| 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) | | | |
| 3. Name of DECEASED (Type or Print) | | a. (First) Annie | | b. Middle Jo | | c. (Last) Carpenter | |
| 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) | | 10. Usual Occupation (Give kind of work done during most of working life, even if retired) | | 11. Birthplace (State and county or foreign country) Ala. | | 12. Date of Death (Month) (Day) (Year) May 24, 1958 | |
| 13. Father's Name Malcom Lee Carpenter | | 14. Mother's Maiden Name Ruth Hinds | | 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) 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. | | | | Interval Between Onset and Death | |
| 19a. Date of Operation | | 19b. Major Findings of Operation | | 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) | |
| 22a. Time (Month) (Day) (Year) (Hour) of Injury | | 22b. Injury Occurred While at m. Work () Not While at Work () | | 22c. How Did Injury Occur? | | | |
| 23. 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. | | | | | | | |
| 24a. SIGNATURE <i>M. E. Turner</i> | | 24b. Address Coroner Luverne, Ala. | | 24c. Date Signed 5/27/58 | | | |
| 25a. Burial, Cremation, Reinterment (Specify) Burial | | 25b. Date 5/24/58 | | 25c. Name of Cemetery or Crematory Brantley Cemetery | | 25d. Location (City, town, or county) (State) Brantley, Ala. | |
| 26a. Date Rec'd by Local Registrar's Signature 6-5-58 | | 26b. Registrar's Signature <i>James Houston</i> | | 26c. Funeral Director's Name Turner's Funeral Home, Luverne, Ala. | | 26d. Address Luverne, Ala. | |

File No. for State Registrar Only
13207

DEPARTMENT OF HEALTH
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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. Luxure 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. Place of Birth <u>Alabama</u> |
| 7. Birth, including, or certificate of birth, date, of place, of issue, address, etc. | 8. Issuing or issuing to which state or State, or the date, year and hour. | 9. State of residence at date of death |
| 10. Birth certificate number | 11. Social Security Number | |
| 12. Occupation (city or town) | 13. Occupation (city or town) | 14. Occupation (city or town) |
| <u>Infant</u> | <u>Alabama</u> | <u>Alabama</u> |
| 15. Name <u>Thomas Computer</u> | 16. Occupation (city or town) | 17. Occupation (city or town) |
| <u>Alabama</u> | <u>Alabama</u> | <u>Alabama</u> |
| 18. Name <u>James Rialman</u> | 19. Occupation (city or town) | 20. Occupation (city or town) |
| <u>Alabama</u> | <u>Alabama</u> | <u>Alabama</u> |
| 21. Name <u>Cherry Brown (midwife)</u> | 22. Occupation (city or town) | 23. Occupation (city or town) |
| <u>Alabama</u> | <u>Alabama</u> | <u>Alabama</u> |
| 24. Name <u>Dr. J. D. Felt</u> | 25. Occupation (city or town) | 26. Occupation (city or town) |
| <u>Alabama</u> | <u>Alabama</u> | <u>Alabama</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 in attendance to no data in attendance death in and

13. I have seen the body after death, and I certify that the principal cause of death and related causes of importance to the public health were as follows:

Overdose due to crushed pills

Preshalere

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

159

Name of operation _____ Date of _____

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

15. 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 _____

16. Was disease or injury in any way related to occupation of deceased? Yes

If so, Cherry Brown (midwife)

(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. Birth date of deceased 5 9 1865
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day
PO hr. min.

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

10. Usual occupation Farmer

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. Place: burial or cremation burial Methodist Church
(Burial, cremation, or removal) Date 9 9 45
(Month) (Day) (Year)

18. Name of Undertaker Dora Reynolds

19. Address Lawrence 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 _____
_____ 1945, 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 |
| | |
| | |
| | |

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

NOTE INSTRUCTIONS ON OTHER SIDE

MOTHER FATHER

BUREAU OF THE CENSUS OF DEATHS

211404

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.

25757

The County Was

192
Greene

1. Place of Death

County Greene

Reg. District or Heat No. SI-3014

Certificate No.

City or Town Luverne

Street or RFD No. _____

Street _____

(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. _____

211404

Street _____

2. FULL NAME Willie Lamon Jackson

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 1. SEX <u>Male</u> | 4. Color or Race <u>Black</u> | 3. Single, Married, Widowed, or Divorced (write the word) |
| 2a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | |
| 5. DATE OF BIRTH (month, day, and year) <u>Dec. 3, 1935</u> | | |
| 7. AGE Years _____ Months _____ Days <u>0</u> | 6. IF LESS than 1 day, <u>SI</u> 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) Luverne, Ala.
(State or country)

13. 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

MEDICAL CERTIFICATE OF DEATH

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 EA

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

Date of onset _____

Contributory causes of importance not related to principal cause:

159

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? _____

Opal Taylor
(Signature) _____ (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. Stat. Dept.
 Department Code

65

1 PLACE OF DEATH Greensboro Ala
 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 John Barnes
 (a) Residence No. 1015 S. 1st St. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 1/2 yrs. mos. ds. (If nonresident, give city or town and State)
 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
Widower
 (Write the word)

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
26 1 day _____ hrs.
 or _____ 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) Construction
 (c) Name of employer Bohannon Builders

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

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

16

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 1200 S. 1st St.
 The CAUSE OF DEATH* was as follows:

Pneumonia

18 CONTRIBUTORY (Secondary)

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

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) J. P. G. G. G. 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

Green Church 21

22 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 Calvin Barnes

(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 Married
(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. Styles

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

10 NAME OF FATHER W. Barnes

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. H. H. Huggan

(Signed) J. H. Huggan, 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

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.

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

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 *Bronchittis.*
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 _____

2 FULL NAME

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

3a) Residence, No. Lawrence Ala Ward _____ (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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 X

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. da.

CONTRIBUTORY (Secondary) metabolic
 (duration) yrs. mos. da. 6 mos.

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

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? symptoms
 (Signed) J. M. McInnis, M.D.

21 (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.)

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

23 UNDERTAKER _____ ADDRESS _____

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

CERTIFICATE OF DEATH

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

File No. for State Registrar Only

7379

1 PLACE OF DEATH
County Russell Registration District No. 21-5006 Registered No. 109
Town or City of Redeige Ala No. _____ St. _____ Ward _____

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

2 FULL NAME Macmillan Amos
(a) Residence, No. Redeige 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

7 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 Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) Ala (State or country)
10 NAME OF FATHER Dan Johnson
11 BIRTHPLACE OF FATHER (city or town) Ala (State or country)
12 MAIDEN NAME OF MOTHER Julia Conroy
13 BIRTHPLACE OF MOTHER (city or town) Ala (State or country)

14 Informant Dan Johnson (Address) _____

15 Filed April 23, 1923 A. L. Ruston Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year) Apr 2 1923
19 I HEREBY CERTIFY, That I attended deceased from 11/22 1923, to 4/22 1923, that I last saw h. alive on 4/22 1923 and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:
Appoplexy
J. H. A

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

22 Where was disease contracted _____ if not at place of death?
23 Did an operation precede death? no Date of _____
24 Was there an autopsy? no
25 What test confirmed diagnosis? Dan Johnson
(Signed) Wm. H. D.
(Address) Redeige 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.)

26 PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL
Rock Point Cemetery April 24 1923

27 UNDERTAKER Jim Porter ADDRESS Redeige Ala

WHEN CHANGING WITH ANY ACTION SHOULD BE STATED EXACTLY. REASON OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.