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SIDE

FILL IN
WITH A
TYPEWRITER
OR WRITE
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WITH DARK
INK. DO NOT
USE GREEN
NOR RED INK.
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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

CERTIFICATE OF DEATH
STATE OF ALABAMA

20231

1. PLACE OF DEATH a. County Pike 550 b. Beat No. 7				2. USUAL RESIDENCE (Where deceased lived, if institution; resi- dence before admission) a. State Alabama 55025 b. County Pike c. City (If outside city or town limits, write RURAL) Or Town Brundidge, Ala. d. Beat No. 7					
c. City (If outside city or town limits, write RURAL) Or Town Brundidge, Ala. d. Length of Stay (in this place)				d. Street Address (If rural, give location) Gen Deliver					
e. Full Name of (If not in hospital or institution, give street address Hospital or Institution Gen Deliver				4. Date (Month) (Day) (Year) Of Death 9-19-1959					
2. Name Of DECEASED (Type or Print) Lillie.		a. (First) Beatrice.		b. Middle Carpenter.		c. (Last) 615			
3. Sex Female	6. Color or Race Col	7. Married, Never Married, Widowed, Divorced (Specify) Widowed	8. Date of Birth 12-24-1903	9. Age (In years last birthday) 56	If under 1 Year Months 9	Days 9	If Under 24 Hrs. Hours 9		
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) House wife		10b. Kind of Business or Industry Own home.		11. Birthplace (State and county or foreign country) Alabama (Pike)		12. Citizen of What Country? U.S.A.			
13. Father's Name Noah. Townsend.				14. Mother's Maiden Name Alder. Brown.					
15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) NO		16. Social Security No. XXXXXXXX		17. INFORMANT'S NAME AND ADDRESS Edmund. Carpenter, Brundidge, 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, as- themia, etc. It means the disease, injury, or compli- cation which caused death."				MEDICAL CERTIFICATION I. Disease or Condition Directly Leading to Death* (a) Cerebral hemorrhage Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due To (b) 331X Due To (c)				Interval Between Onset and Death 1 day	
19a. Date of Operation		19b. Major Findings of Operation		20. Autopsy? Yes () No <input checked="" type="checkbox"/>					
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 1/10 19 55 , to death, 19 59 , that I last saw the deceased alive on 9/19 19 59 , and that death occurred at 8:05 P m. from the causes and on the date stated above.									
23a. SIGNATURE C. Golden (Degree or title) M.D.				23b. Address Brundidge, Ala.		23c. Date Signed 10/15/59			
24a. Burial, Crema- tion, Reservoir (Specify) Buried		24b. Date 9-25-1959		24c. Name of Cemetery or Crematory Mount Common		24d. Location (City, town, or county) (State) Troy, (Pike) Ala.			
Date Rec'd by Local Registrar's Signature 10-5-59 Mrs. John C. Daubert				25. Funeral Director Address McSwain Funeral Home, Brundidge, Ala.					

CERTIFICATE OF DEATH

STATE OF ALABAMA—BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH

File No. for State Registrar Only.

7477

Per County Use

Reg. District No. 550/00 Certificate No. 37

To Be Inserted By Registrar

1. PLACE OF DEATH

County Pike Beat No. _____
 City or Town Jay No. _____ Street Cedar Knobs
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1a. PLACE OF RESIDENCE: State

State Ala. Length of residence where death occurred 45 yrs. 5 mos. 15 days
(Usual place of abode)
 County Coffee Beat 166-1-2
 City or Town Etta No. _____ Street _____
 R.F.D. _____

2. FULL NAME

Stella Mae Carpenter 615

PERSONAL AND STATISTICAL PARTICULARS

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

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

7. AGE Years 73 Months _____ Days _____

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. Housewife
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** _____

12. BIRTHPLACE (city or town) Pike Co. Ala.
(State or country)

13. NAME Clinton Hooks

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

15. MAIDEN NAME Lula Jones

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

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place Etta Ala R.F. Date 3-2-1937

19. SIGNATURE OF UNDERTAKER Brown
(Address) Etta Ala

20. Filed 3/1, 1937 N.B. McCall
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-1-1937

22. I HEREBY CERTIFY THAT I attended deceased from 1-15-1937 to 3-1-37, 1937

I last saw him alive on 2-1-37, 1937 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:

Septicemia
(type not classified)

CONTRIBUTORY CAUSES of importance NOT RELATED to principal cause:

acute arthritis

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What fact 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? _____, 1937

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 no, specify _____

(Signed) Wm. D. Calley, M.D.
2-1-37 (Address) _____

Burial or Transit Permit Issued by _____

Date of Issue _____

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.

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

12779

Reg. District No. 550100 Certificate No. 948
To be filled out by local registrar

1. PLACE OF DEATH: Do Not Write Here
 5501000
 County Pike Co Beat No. 1
 City or Town Troy
 (If outside corporate limits of city or town write RURAL)
 Street Address Edge Hospital
 (If in hospital or institution, give name only)
 Length of stay in place of death 2 days
 (Specify in years, months and days)
 Do Not Write Here
 1600000

2. USUAL RESIDENCE OF DECEASED
 (For newborn infants give residence of mother)
 State Ala.
 County Coffee Co Beat No. _____
 City or Town Etowah, R.F. 1
 (If outside corporate limits of city or town write RURAL)
 Street address R.F. 1
 (If rural, give R. F. D. and Box No.) 1615

3. FULL NAME OF DECEASED

Rebecca Carpenter

4. Sex Female 5. Usual colored race? Colored

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

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

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

9. AGE: Years Months Days If less than one day
87 hrs. min.

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

11. Usual occupation _____ 12. Industry or business _____

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

15. Maiden Name deceased
 16. Birthplace _____
 (City, town or county) (State or foreign country)

17. Date of death June 10th P.M. 2nd 1942
 (Month by name) (Day) (Year)

Immediate cause of death Peritonitis
 Duration of Condition
 Yrs Mo Da

Due to _____
 Due to _____

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Other important conditions not causally related to immediate cause Appendix Abscess

Name of operation yes

Date of operation _____

Major findings of operation _____

of autopsy _____

If woman, indicate pregnancy within 3 months of death (Yes or No)

I hereby certify that I attended the deceased from 6-24-42, 1942, to 6-25-42, 1942, that I last saw her alive on 6-25-42, 1942,

and that death occurred at 10:30 P.M. on the date stated above from causes given.

Attendant's own signature Dr. W. H. [Signature], M. D. Coroner 1

Date signed _____, 19 _____

18. VIOLENCE: If death was due to external causes, fill in following: Accident, suicide or homicide (specify) _____

Date of occurrence (Month by name) (Day) (Year) _____

Where did injury occur? (Name of State) _____

(City or town) (County) (Beat No.) _____

CERTIFICATION OF PERSON IN CHARGE OF BODY
 Burial, removal, cremation _____ Date thereof _____ Place of burial or cremation _____
 (Month by name) Day Year City or Town County State

I certify that I am the person who was in charge of the body of the above decedent. The information was given by _____, said to be related to the decedent as _____ whose address _____

Signature of person in charge of body _____ Date signed _____ (Month by name) (Day) (Year)

20. Received 6/27, 19 42 Permit Issued _____ STATEMENT OF REGISTRAR _____
 Registrar's own signature [Signature]

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

Margin Reserved For Binding

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Write plainly with unfading black ink. This is a permanent record. Every item of information should be carefully supplied. Physicians: please write causes of death legibly and in terms which may be properly classified under the International Classification of Causes of Death. Certificates Containing Erasures, Words or Figures Crossed Out Will Not Be Accepted.

Standard Certificate of Death

Case File No. **5848**

STATE OF ALABAMA

Registrar's No.

1. PLACE OF DEATH
 County PIKE 5507021 Seat No. _____
 City or Town Monticello, Ala.
(If outside corporate limits of city or town write RURAL.)
 Street address Joe Hill
(If in hospital or institution, give name only)
 Length of stay in place of death 1 year
(Specify in years, months and days)

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

2. FULL NAME J. P. Carpenter
3. SEX M
4. RACE W
5. (a) Social Security

6. MEDICAL CERTIFICATION
7. DATE OF DEATH Month Jan day 6
 year 46 hour 2 A. M. or 11 P. M.

8. MARRIAGE STATUS
 a. Color of hair Brown b. (a) Single, widowed, married, divorced, Married
 c. (c) Age of husband or wife 32 years
 d. (d) Age of decedent 46 years

9. I HEREBY CERTIFY that I attended the deceased from Jan 5, 1946 to Jan 6, 1946
 that last saw him alive on Jan 5, 1946 and that death occurred on the date and hour stated above.

10. DATE OF DECEASE
 (Month) 1 (Day) 14 (Year) 1946
 (a) Years (b) Months (c) Days (d) If less than one day

11. IMMEDIATE CAUSE OF DEATH
Cerebral Decubus

12. PLACE OF BIRTH Montgomery, Ala.
(City, town, or county) (State or foreign country)

13. DUE TO 94a

14. OCCUPATION hair dresser

15. OTHER CONDITIONS
(Include pregnancy within 3 months of death)

16. SIGNATURE J. P. Carpenter

17. MAJOR FINDINGS:
 On operation _____

18. RESIDENCE Montgomery, Ala.
(City, town, or county) (State or foreign country)

19. AT AUTOPSY _____

20. MIDDLE NAME Mathis P. Gates

21. IF DEATH WAS DUE TO CERTAIN CAUSE, fill in the following:

22. SIGNATURE J. P. Carpenter
(City, town, or county) (State or foreign country)

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

23. ADDRESS Joe Hill

(c) Where did injury occur? (City or town) (County) (State)

24. (a) Special Information, if reported 1-8-46

(d) Did injury occur in or about home, on farm, in industrial plant, in public place?
 _____ (Specify type of place)

25. SIGNATURE, MEDICAL OFFICER W. H. King

Wife at work? _____ (e) Means of injury _____

26. SIGNATURE W. H. King

27. SIGNATURE W. H. King
 _____ Date reported _____

CERTIFICATE OF DEATH

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

File No. for State
Registration Only
21298

1 PLACE OF DEATH Pike
County _____ Registration District No. 95-5010 Registered No. 16
Town or City of Boston No. _____ St. _____, Ward _____

2 FULL NAME Olga Belle Barnes
(a) Residence, No. Boston Ala #1 St. Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Use the word)
6 If married, widowed, or divorced
HUSBAND of Miles Barnes
(or) WIFE of _____

18 DATE OF DEATH (month, day, and year) 9-7-25 1925
17 I HEREBY CERTIFY That I attended deceased from 9-5-25 to 9-7-25 1925 that I last saw her alive on 9-7-1925 and that death occurred on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:
Celaemia miasmatica

7 AGE Years 20 Months _____ Days _____ If LESS than 1 day _____ hrs. _____ or _____ min.

8 OCCUPATION OF DECEASED Housewife
(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

CONTRIBUTORY (Secondary) 148
(duration) _____ yrs. _____ mos. _____ ds.
(duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) (State or country) Ala
10 NAME OF FATHER _____
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ala
12 MAIDEN NAME OF MOTHER _____
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ala

18 Where was disease contracted If not at place of death?
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis?
(Signed) C. J. ... M. D.
(Address) Yashen Ala
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional information.)

14 Informant Miles Barnes
(Address) 1125 T. M. H. Rodgers
15 Filed Sept 1925 T. M. H. Rodgers
Secretary

19 PLACE OF BURIAL, CREMATION, or REMOVAL St. John DATE OF BURIAL Sept 9 1925
20 UNDERTAKER J. S. ... ADDRESS _____

NOTES: Should be carefully completed. 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.

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