Geo Black

CERTIFICATE OF DEATH

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

File No. for State Registrar's use: 6050

1 PLACE OF DEATH
County Montgomery 5133 Reg. District or Dept No. 57-1001 1 Certificate No.
Town or City Montgomery Street or R. F. D. St. Margarets Hospital 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 Bessie Ruth Carpenter
(a) Residence, No. 930 Adams St 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: Female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single
6a If married, widowed, or divorced — HUSBAND of (or) WIFE of
6b DATE OF BIRTH (month, day, and year)
7 AGE — Years: 27 | Months: 6 | Days: 29 | If LESS than 1 day, hrs. or min.:
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk 4590
(b) General nature of industry, business, or establishment in which employed (or employer): Woolworth 5 & 10¢ Store
(c) Name of employer
9 BIRTHPLACE (city or town) (State or country): Elmore Co Ala
10 NAME OF FATHER: Jack W. Carpenter
11 BIRTHPLACE OF FATHER (city or town) (State or country): Emanuel Co. Ala
12 MAIDEN NAME OF MOTHER: Bertha Plant
13 BIRTHPLACE OF MOTHER (city or town) (State or country):
14 Informant (Address)
15 Filed 2-18 1932 J. L. Bowman Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16 1932
17 I HEREBY CERTIFY, That I attended deceased from 2/11 1932 to 2/16 1932
that I last saw her alive on 2/16 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Myocarditis Chr
126 93b
(duration) 4 yrs. mos. ds.
CONTRIBUTORY (Secondary) Gall Stones
(duration) yrs. mos. ds.
18 Where was disease contracted if not at usual residence?
Was an operation performed? Yes Date of 2/11/32
For what disease or injury?
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) [illegible] M. D.
(Address)

19 PLACE OF BURIAL, CREMATION, or REMOVAL: Mt Hebron Cem.
DATE OF BURIAL: 2/17 1932
20 UNDERTAKER: Dillon
ADDRESS

* If death was due to external causes (violence) state how injury occurred, whether accidental, suicidal or homicidal.