

# CERTIFICATE OF DEATH

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

File No. for State Registrar Only.  
**14305**

1 PLACE OF DEATH  
County Escambia Registration District No. 27-5083 Registered No. \_\_\_\_\_  
Town or City of Brewton No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2 FULL NAME John Henry Odom  
(a) Residence, No. Brewton, Alabama. 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**

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
6a If married, widowed, or divorced HUSBAND of Sallie Barnett  
6 DATE OF BIRTH (month, day, and year) \_\_\_\_\_  
7 AGE Years 70 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, hrs. \_\_\_\_\_ or min. \_\_\_\_\_

8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) Florida.  
(State or country)

10 NAME OF FATHER Aaron Odom  
11 BIRTHPLACE OF FATHER (city or town) Fla.  
(State or country)  
12 MAIDEN NAME OF MOTHER Sallie Barnett  
12 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_  
(State or country)

14 Informant Joseph W. Odom, Foshee, Ala.

15 Filed July 16, 1923 Thos. Ely, Sheriff  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year) July 13, 1923

17 I HEREBY CERTIFY that I attended deceased from July 13, 1923 and that I last saw him alive on July 13, 1923 and that death occurred, on the date stated above, at \_\_\_\_\_  
The CAUSE OF DEATH\* was as follows:

Arterio Sclerosis

915

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? \_\_\_\_\_  
(Signed) F. H. Mason M. D.  
(Address) Brewton, 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.)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Barnett Cemetery, Wallace, DATE OF BURIAL 7/14/23

19 UNDERTAKER Brewton Undertaking Company.  
ADDRESS \_\_\_\_\_

Exact statement of OCCUPATION is very important. See instructions on back of certificate.  
 AGE should be stated EXACTLY. If exact statement of OCCUPATION is very important. See instructions on back of certificate.

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			File No. for State Registrar Only.	
STATE OF ALABAMA—BUREAU OF VITAL STATISTICS		STATE BOARD OF HEALTH			16311	
1. PLACE OF DEATH		County <u>Escambia</u> Beat No. <u>1</u>			Reg. District No. <u>270100</u> Certificate No. _____ To Be Inserted By Registrar	
City or Town <u>Andalusia</u>		No. _____ Street _____			(If death occurred in a hospital or institution, give its NAME instead of street and number)	
R.F.D. # <u>7</u>		1a. PLACE OF RESIDENCE: State <u>Ala.</u> Length of residence where death occurred _____ yrs. _____ mos. _____ days			(Usual place of abode)	
County <u>Escambia</u>		Beat <u>1 270100 0</u>			City or Town <u>Andalusia</u> No. _____ Street _____	
R.F.D. # <u>7</u>		City or Town <u>Andalusia</u>			No. _____ Street _____	
2. FULL NAME <u>Lore Odom</u>		350				
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>M</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) _____		21. DATE OF DEATH (month, day, and year) <u>April 26, 1937</u>		
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Victoria Odom</u>				22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____		
6. DATE OF BIRTH (month, day, and year) <u>2-2-1861</u>				I last saw h. alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m.		
7. AGE	Years <u>76</u>	Months _____	Days _____	The PRINCIPAL CAUSE OF DEATH and RELATED CAUSES of importance in order of onset were as follows: <u>Lobar Pneumonia</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years, months, days) spent in this occupation _____		Duration of Condition Yrs. Mo. Da. <u>3</u>		
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: <u>None</u>		
12. BIRTHPLACE (city or town) <u>Crenshaw</u> (State or country) <u>Ala.</u>		13. NAME <u>John Odom</u>		Was an operation performed? <u>No</u> Date of _____		
14. BIRTHPLACE (city or town) <u>unknown</u> (State or country) _____		15. MAIDEN NAME <u>Margaret Brown</u>		For what disease or injury? _____		
16. BIRTHPLACE (city or town) <u>unknown</u> (State or country) _____		17. INFORMANT <u>Mrs. S. J. Watson</u> (Address) _____		What test confirmed diagnosis <u>Micro</u> Was there an autopsy? _____		
18. BURIAL, CREMATION, OR REMOVAL		19. SIGNATURE OF UNDERTAKER <u>W. B. Woodcock</u> License No. _____		23. If death was due to external causes (VIOLENCE) (III) in also the following: Accident, suicide, or homicide? _____ Date of injury? _____ 19____		
Place <u>Home</u> Date <u>4-27-1936</u>		20. Filed <u>6-28-1937</u> <u>W. B. Woodcock</u> Registrar		Where did injury occur? _____ (Specify city or town, county, and State)		
21. Burial or Transit Permit Issued by _____		22. Manner of injury _____		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE _____		
Date of issue _____		23. Nature of injury _____		24. Was disease or injury in any way related to occupation of deceased? _____		
		24. (Signed) <u>W. B. Woodcock</u> M. D.		If so, specify _____		
		19____ (Address) <u>Andalusia Ala</u>				

**CERTIFICATE OF DEATH  
STATE OF ALABAMA**

**17670**

1. PLACE OF DEATH a. County <i>Escambia</i>		b. Beat No. <i>27015</i>		7.		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. State <i>Florida</i>		b. County <i>Escambia</i>	
c. City (If outside city or town limits, write RURAL) Or Town <i>Atmore</i>		d. Length of Stay (in this place) <i>3 weeks</i>		3		c. City (If outside city or town limits, write RURAL) Or Town <i>Atmore, Rural</i>		d. Beat No.	
e. Full Name of (If not in hospital or institution, give street address or location) Hospital Or Institution <i>Daught Hospital</i>		f. Street Address <i>State Route 00090</i>		g. (Last) <i>615</i>		4. Date (Month) (Day) (Year) Of Death <i>AUG 28, 1958</i>			
1. Name Of DECEASED (Type or Print) <i>IRA</i>		a. (First) <i>LIDGE</i>		b. (Middle) <i>CARPENTER</i>		5. Date of Birth <i>10 July, 1923</i>		9. Age (in years last birthday) <i>35</i>	
1. Sex <i>Male</i>		5. Color or Race <i>White</i>		7. Married, Never Married, Widowed, Divorced (Specify) <i>1</i>		8. Date of Birth <i>10 July, 1923</i>		9. Age (in years last birthday) <i>35</i>	
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <i>Medical Regulator</i>		10b. Kind of Business or Industry <i>Cement Co.</i>		11. Birthplace (State and county or foreign country) <i>Alabama</i>		12. Citizen of What Country? <i>U.S.A.</i>			
13. Father's Name <i>William Lige Hale</i>		14. Mother's Maiden Name <i>Lela Mae Carpenter</i>		15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) <i>Yes, World War II</i>		18. Social Security No. <i>2420-143964</i>		17. INFORMANT'S NAME AND ADDRESS <i>Mrs. Ira Carpenter, 414 St. H. Atmore, Ala.</i>	
16. Cause of Death (Enter only one cause per line for (a), (b), and (c))		I. Disease or Condition Directly Leading to Death* (a) <i>Carlinoma left testicle with metastasis</i>		Interval Between Onset and Death <i>6 Mo.</i>		19. Other Significant Conditions (Conditions contributing to death but not related to the disease or condition causing death.) <i>NONE</i>		20. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19a. Date of Operation		19b. Major Findings of Operation		21a. Accident (Specify) <i>Falls, Homicide</i>		21b. Place of Injury (home, farm, factory, street, office bldg., etc.)		21c. (City, Town, or Rural) (County) <i>(State)</i>	
21d. Time (Month) (Day) (Year) (Hour) of Injury		21e. Injury Occurred While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>		21f. How Did Injury Occur?		22. I hereby certify that I attended the deceased from <i>3-8, 1958</i> to <i>8-28, 1958</i> , that I last saw the deceased alive on <i>8-27, 1958</i> and that death occurred at <i>7:55 A.M.</i> from the causes and on the date stated above.		23a. Signature <i>Dr. J. J. Freeman</i>	
23a. Signature		23b. Address <i>Atmore, Ala.</i>		23c. Date Signed <i>8-28-58</i>		24a. Burial, Cremation, Removal (Specify) <i>Buried</i>		24b. Date <i>29 Aug. 1958</i>	
24c. Name of Cemetery or Crematory <i>Antioch Cemetery</i>		24d. Location (city, town, or county) (State) <i>Escambia Co., Florida</i>		25. Funeral Director <i>Geneville F. Woodson</i>		25. Address <i>C. Lester Boston, Atmore, Ala.</i>		Date Rec'd by Local Reg. <i>9-2-58</i>	

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED

OTHER SIDE

FILL IN WITH A TYPEWRITER

WRITE MAINLY 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 IN ATTENDANCE MEDICAL CERTIFICATION 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—BUREAU OF VITAL STATISTICS  
STATE BOARD OF HEALTH

File No. for State Registrar Only

25637

For County Use

**1 PLACE OF DEATH**

County Columbia Reg. District or Beat No. 270400 Certificate No. \_\_\_\_\_  
Town or City Brewton Rt 4 Street or R. F. D. 4 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. ds.

**2 FULL NAME**

Mary Isabel Odom 3-2-7500  
(a) Residence, No. Left-5- Street or R. F. D. 4 Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (with the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jersey M. Odom

8. DATE OF BIRTH (month, day, and year) 10/29/1883

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
54 2 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife

10. 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) (State or country) Monroe La.

13. NAME James Barnett

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

15. MAIDEN NAME Mary Byrd

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

17. INFORMANT (Address) Jersey M. Odom Brewton Ala Rt 4

18. BURIAL, CREMATION, OR REMOVAL Place Flomaton Cemetery 11/3/37 19

19. UNDERTAKER (Address) Flomaton Funeral Home Flomaton Ala

20. Filed 11-2 1937 Mrs. J. Park

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) 11/2/37

22. I HEREBY CERTIFY, That I attended deceased from I did not attend her

I last saw her but she died of death is held to have occurred on the date stated above, at 5:30 a.m.

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

Cancer of the breast

Contributory causes of importance not related to principal cause:

\* Addition From SUPPLEMENTARY REPORT 11/2/37

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) (EU) 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) W. C. Abernethy M. D. (Address) Flomaton Ala

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully compiled. 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.

50

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

## CERTIFICATE OF DEATH.

1. Full name of deceased Will Jackson (reported) to me.  
(Do not fail to give Full Name)
2. Date of death: Month July; day 20; 1946; Hour 7:30 A. M. P. M.
3. Place of death (county) Republia; P. O. Poling
4. City or town Poling; street and No. \_\_\_\_\_
5. Place of birth of deceased (state or country) Not known
6. White or colored? Col Male or female? male Occupation Not known
7. How long did deceased reside at place of death? one hour and thirty minutes
8. Where was disease contracted? No disease Duration of illness Not known
9. Principal disease causing death injury, killing by moving train
10. Contributory disease causing death (none) cerebral hemorrhage
11. If homicidal, suicidal, or accidental, state definitely how accomplished. Accidental by moving train & will company on L.A. RR. Injured to them.
12. Did deceased undergo a surgical operation, and if so when and of what nature? No operation of right arm when train moving cerebral hemorrhage
13. Age: Years 46; Months 10; Days 20; single, married or widowed OK
14. Full name of father of deceased D.K.
15. Birthplace of father (state or country) D.K.
16. Full name of mother of deceased OK
17. Birthplace of mother (state or country) OK
18. Place of interment Poling Pol Cemetery
19. Remarks: Identity of the man who was fully retained
- Date of Report Aug 5th 1946 Reporter D.H. McCoy Post Office Poling Ok

**CERTIFICATE OF DEATH**

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

File No. for State Registrar Only

**4680**

The County Use

2700

6

**1 PLACE OF DEATH**

County Escambia  
Town or City Atnore

Reg. District or Post No. 27-0007A Certificate No. 14

Street or R. F. D. # 2 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 Willie Jackson**

(a) Residence, No. Atnore State Prison Street or R. F. D. # 2 Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

6. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of AK

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

8. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 29

9. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Convict

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

11. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Unknown (State or country)

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Prison Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Prison Farm Cem Date 3-1-1933

19. UNDERTAKER \_\_\_\_\_ (Address)

20. Filed 3/2 1933 D. J. Baggett Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) 3/1 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 th, 1933, to March 1, 1933.

I last saw him alive on March 1, 1933, death is said

to have occurred on the date stated above, at 4:30 A.M.  
The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Gastritis

23. Date of onset 2/3/33

Contributory causes of importance not related to principal cause:

Was an operation performed? No 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 \_\_\_\_\_, 1933

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. M. White M. D. March 1 1933 (Address) Atnore, Ala.

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

# CERTIFICATE OF DEATH

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

File No. for State Registrar Only.

125-22  
1-100

1 PLACE OF DEATH  
County Escambia Registration District No. 27-5-3 Registered No. \_\_\_\_\_  
Town or City of Brewton No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2 FULL NAME Joseph D. Barnes  
(a) Residence, No. Rt. C, Brewton, Ala. 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

MEDICAL CERTIFICATE OF DEATH 8:30 A.

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

16 DATE OF DEATH (month, day, and year) June 19, 1924

6a If married, widowed, or divorced HUSBAND of Mrs. Roxie Calhoun Barnes

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1924 to June 19, 1924  
that I last saw him alive on July 18, 1924

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

and that death occurred, on the date stated above, at 8:30 a.m.  
The CAUSE OF DEATH\* was as follows:

7 AGE Years 53 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Nephritis

9 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

18 Where was disease contracted if not at place of death? \_\_\_\_\_  
Did an operation precede death? (no) Date of \_\_\_\_\_  
Was there an autopsy? (no)

10 BIRTHPLACE (city or town) (State or country) Coffee Co. Ala.

10 NAME OF FATHER Ebenezer Barnes

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

12 MAIDEN NAME OF MOTHER Addisson.

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

14 Informant Charles Barnes (Son)

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?  
(Signed) C. H. Tappan M. D.  
(Address) Brewton, Alabama.

\*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 also for additional information.)

15 Filed June 21, 1924 by Mr. W. J. Sheffer Registrar

19 PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL  
Dixonville Cemetery 6/20/1924

20 UNDERTAKER Brewton Undertaking Company ADDRESS \_\_\_\_\_

This should be carefully filled. 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.

PARENTS