

CERTIFICATE OF DEATH

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

File No. for State Registrar Only
25980
Registered No. **21228**

1 PLACE OF DEATH
County Greene Registration District No. 8 Registered No. 21228
Town or City of Blacks No. _____ St. _____ Ward _____

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

2 FULL NAME Mrs Pisce Carpenter

(a) Residence, No. _____ 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 M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word) Married

6a If married, widowed, or divorced
HUSBAND of J W Carpenter
(or) WIFE of _____

7 DATE OF BIRTH (month, day, and year) July 7, 1888

7 AGE 34 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer J W Carpenter

9 BIRTHPLACE (city or town) Blacks Co
(State or country)

10 NAME OF FATHER C V Burch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Blacks Co

12 MAIDEN NAME OF MOTHER Angeline Mathamey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Blacks Co

14 Informant (Address) A J Mathamey

15 Date Aug 1914 Signature A J Mathamey

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1914

17 I HEREBY CERTIFY, That I attended deceased from _____ to _____
and that death occurred, on the date stated above, at _____
The CAUSE OF DEATH* was as follows:

Pneumonia

CONTRIBUTORY (Secondary) 101 (duration) _____ yrs. _____ mos. _____ ds.

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) W D Mathis M. D.
(Address) Blacks Co

*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]
Blacks Co Aug 5 1914

20 UNDERTAKER
A J Mathamey Blacks

FAMOSTY

THIS IS A
LEGAL
RECORD AND
WILL BE PER-
MANENTLY
FILED

OTHER
SIDE

FILL IN
WITH A
WRITER
OR WRITE
PLAINLY
WITH DARK
INK. DO NOT
USE GREEN
OR RED INK.
3 COPIES
ANNOT BE
MADE IF
ENTRIES
ARE DIM

ALL ITEMS
MUST BE
COMPLETE
AND
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THE LOCAL
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FICER, OR
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CERTIFICATE OF DEATH
STATE OF ALABAMA

16659

1. PLACE OF DEATH a. COUNTY Geneva		b. CITY, TOWN, OR LOCATION Geneva, Alabama		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Alabama b. COUNTY Geneva	
3. NAME OF DECEASED (Type or print) First Liza Middle L Last Carpenter		4. DATE OF DEATH Month 8 Day 7 Year 59		5. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
6. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-4-1887	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life) housewife		11. BIRTHPLACE (State or foreign country) Geneva Co., Ala.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Chan Lambreth		14. MOTHER'S MAIDEN NAME Sally Alfred	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME Jase Carpenter Address Rt. 3, Samson, Ala.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of stomach DUE TO (c) 151X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 6 months 8+ weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic Cardiovascular Disease & Congestive Failure		20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 1957 to 8-7-59 and last saw her alive on 8-7-59 Death occurred at 3:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John C. Davilly (Degree or title)		22b. ADDRESS Geneva, Alabama	
22c. DATE SIGNED 8-7-59		23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8-9-59	
23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery		23d. LOCATION (City, town, or county) Geneva County, Ala.		24. FUNERAL DIRECTOR Pittman Funeral Home, Geneva, Ala.	
25. DATE RECD. BY LOCAL REG. 8-12-59		26. REGISTRAR'S SIGNATURE Robbie C. Driver			

MEDICAL CERTIFICATION

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.

For County Use		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 <u>Hanneman</u>		Beat No. <u>13</u>		Reg. District No. _____		Certificate No. _____	
City or Town <u>Coffee Springs</u>		No. _____		Street _____		To Be Inserted By Registrar			
R.F.D. _____		(If death occurred in a hospital or institution, give its NAME instead of street and number)							
1a. PLACE OF RESIDENCE: State _____		Length of residence where death occurred _____ yrs. _____ mos. _____ days		(Usual place of abode)					
County <u>Hanneman</u>		Beat <u>13</u>		City or Town <u>Coffee Springs</u>		No. _____		Street _____	
R.F.D. _____									
2. FULL NAME <u>Elizabeth Carpenter</u>									
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH				
3. SEX <u>Female</u>		4. Color or Race <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>5-22 1938</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>H.S. Carpenter</u>						22. I HEREBY CERTIFY, That I attended deceased from <u>May 15 1938</u> to _____ 19____			
6. DATE OF BIRTH (month, day, and year)		7. AGE		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		I last saw _____ alive on <u>May 14 1938</u> 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:	
Years _____ Months _____ Days _____		Years _____ Months _____ Days _____		If LESS than 1 day, _____ hrs. or _____ min.		Chronic Valvular		Duration of Condition	
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		Heart Trouble		Yrs. Mo. Da.	
12. BIRTHPLACE (city or town) (State or country) <u>Coffee Springs Alabama</u>		13. NAME <u>Fred French</u>		14. BIRTHPLACE (city or town) (State or country) <u>Alabama</u>		CONTRIBUTORY CAUSES of importance NOT RELATED to principal cause: <u>None</u>			
15. MAIDEN NAME <u>Sally Ann Halley</u>		16. BIRTHPLACE (city or town) (State or country) <u>Carolina</u>		17. INFORMANT (Address) <u>Miss L. Carpenter Coffee Springs Ala. Rt.</u>		Was an operation performed? _____ Date of _____			
18. BURIAL, CREMATION, OR REMOVAL		19. SIGNATURE OF UNDERTAKER (Address) <u>Boyd and Hutchinson S. S. S. Ala.</u>		20. Filed <u>6-13 1938</u> <u>Donald V. Phelps</u> Registrar		For what disease or injury? _____			
Place <u>Piney Grove</u> Date <u>May 23 1938</u>						What test confirmed diagnosis _____ Was there an autopsy? _____			
24. Was disease or injury in any way related to occupation of deceased? _____						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) <u>J. J. Rivers</u> M. D.			
						19____ (Address) <u>Shannon Ala.</u>			
Burial or Transit Permit issued by _____						Date of Issue _____			

CERTIFICATE OF DEATH

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

File No. for State Registrar Unit
1-3886
1-20-1

1 PLACE OF DEATH

County Geneva Reg. District or Boat No. 3100/5 Certificate No. 42
Town or City Pinston Ala Street or R. F. D. 2 Ward _____

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

2 FULL NAME

Marry Carpenter
(a) Residence No. _____ Street or R. F. D. 2 Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. _____ low long in U.S. if of foreign birth? yrs. mos. da. _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F **4 COLOR OR RACE** W **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED**
(Write the word) married

6 If married, widowed, or divorced WIDOWED
(or) WIFE of Thomas Carpenter

7 DATE OF BIRTH (month, day, and year) 1866

8 AGE Years 63 Month _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer none

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

11 NAME OF FATHER Jesse Samson

12 BIRTHPLACE OF FATHER (city or town) (State or country) Geneva Co.

13 MAIDEN NAME OF MOTHER Date Harrison

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Coffee Creek

15 Informant (Address) _____

16 Feb 9 1929 B. F. Whigham
Registrar.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year) Jan 19 1929

19 I HEREBY CERTIFY, That attended deceased from _____, 192____, to _____, 192____, that I last saw her _____ alive on Jan 19 _____, 192____, and that death occurred, on the date stated above, at _____, Mo. The CAUSE OF DEATH* was as follows:

Chronic Brights Disease
(duration) _____ yrs. _____ mos. _____ da.

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

20 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? none
(Signed) Dr. Baedvel M. D.

19 (Address) Hacoda

*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.)

21 PLACE OF BURIAL, Cremation, or Removal **DATE OF BURIAL**

Harrison Cem. Jan 20 1929

22 UNDERTAKER ADDRESS _____

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.

Standard Certificate of Death

State File No.

STATE OF ALABAMA

Registrar's No. 310708

I. PLACE OF DEATH:

County Geneva 31070517 Seat No. 7
City or Town Bartholomew
(If outside corporate limits of city or town write RURAL.)
Street address Lipson Hospital
(If in hospital or institution, give name only)
Length of stay in place of death 1 day
(Specify in years, months and days)

2. USUAL RESIDENCE OF DECEASED

State Florida 0000070
County Alameda Seat No. X
City or Town Pompano
(If outside corporate limits of city or town write RURAL.)
Street address Route # 3
(If rural, give R. F. D. and Box No.)

3. (a) FULL NAME

Dorrie E. Carpenter 615

If Foreign Born How Long in U. S.? Yrs.

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. Date of death: Month 7 day 25 year 48

4. Sex

5. Color or Race

6. (a) Single, widowed, married, divorced

Male White Married

7. (b) Name of husband or wife

7. (c) Age of husband or wife if alive

Susan Carpenter 64 years

7. Birth date of deceased

11-14-1884

8. AGE: Years

Months

Days

If less than one day hr. min.

63

9. Birthplace

Barbara Co. Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation

Farming

11. Industry or business

12. Name

John Carpenter

12. Birthplace

D.K.
(City, town, or county) (State or foreign country)

13. Maiden name

Mary Dayford

13. Birthplace

D.K.
(City, town, or county) (State or foreign country)

14. Informant's signature

Susan Carpenter

14. Address

Pompano Fla. # 3

17. Place: burial or cremation

Burial Date 8-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

14. Name of Undertaker

Helena Smith Home

14. Address

Bartholomew, Ala.

19. (a) 9-7-48

(b) Hazel Howell
(Date received and Registrar's signature)

21. I hereby certify that I attended the deceased from

25 Aug. 1948 to 25 Aug. 1948

that I last saw him alive on

and that death occurred on the date stated above

at 10:30 p.m.

Immediate cause of death

Cerebral infarct

Due to

Undetermined

Other conditions (Include pregnancy within 3 months of death)

Name of operation

Date of operation

MAJOR FINDINGS: On operation

At autopsy

Duration Yrs Mo Da

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify nature of work)

23. Signature

H. J. McLeod, Jr.

Date Signed 30 Aug.

NOTE INSTRUCTIONS ON OTHER SIDE

Use a typewriter or machine. Do not use cursive. Write names of death locality and in terms written out or written over any existing will not be accepted for registration. Physicians, nurses, write causes of death locality and in terms written out or written over any existing will not be accepted for registration. Physicians, nurses, write causes of death locality and in terms written out or written over any existing will not be accepted for registration. Do not send in carbon copies. May be properly classified under the International Classification of Causes of Death. Do not send in carbon copies.

For County Use

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

File No. for State Registrar Only.

8850

1. Place of Death
 County Geneva Reg. District or Beat No. 311300-0 Certificate No. 11
 City or Town Samson 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 yrs. mon. days
 County Geneva Beat 311300-0
 City or Town Samson R.F.D. No. _____ Street

2. FULL NAME Yvonne Carpenter 6/1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) S.

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

6. DATE OF BIRTH (month, day, and year) April 8, 1937

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

8. Trade, profession, or particular kind of work done, as spinner, lawyer, 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) Samson
 (State or country) Geneva Ala

13. NAME B.C. Carpenter

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

15. MAIDEN NAME Samson Weika

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

17. INFORMANT (Address) B.C. Carpenter
Samson Ala. 12/1

18. BURIAL, CREMATION, OR REMOVAL

Place Samson Date 4-9-37

19. UNDERTAKER (Address) buried by friends

20. 5-6-1937 J. M. Sanders
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1937 to Apr 9, 1937

I last saw him alive on Apr 9, 1937 death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance in order of onset were as follows:
Premature Birth
15-9

Contributory causes of importance not related to principal cause:
none

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? None 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? _____ 19____

Where did injury occur? 6
 (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 _____

(Signature) J. M. Sanders M. D.
Apr 30 1937 (Address) Samson Ala

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

MARGIN RESERVED FOR FINDING

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For County Use

311004

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.
3178

1 PLACE OF DEATH

County Geneva
Town or City _____

Reg. District or Beat No. 31.50-10 Certificate No. 13

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. da. How long in U. S., if of foreign birth? yrs. mos. da.

2 FULL NAME Martha Alice Barnes

(a) Residence, No. 2114 Street or R. F. D. 311004 Ward _____
(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>
6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
7. AGE Years: <u>3</u> Months: <u>2</u> Days: <u>9</u> If LESS than 1 day: _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as spinner, weaver, 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
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12. BIRTHPLACE (city or town) Geneva Ala
(State or country) Ala

13. NAME Chas. Barnes

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

15. MAIDEN NAME Alarney Pickens

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

17. INFORMANT Earl Barnes
(Address) Geneva Ala

18. BURIAL, CREMATION, OR REMOVAL
Place Home Date 2-19 1935

19. UNDERTAKER A. H. Smith
(Address) Geneva Ala

20. Date Feb 19 1935 Registrar Mrs. Ed. Nash

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 19 1935

22. I HEREBY CERTIFY That I attended deceased from Feb 16 1935 to Feb 17 1935

I last saw her alive on Feb 17 1935; death is held to have occurred on the date stated above, at 8 30 P.M.

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

40

Contributory causes of importance not related to principal cause: none

Date of onset Several months ago

Was an operation performed? no Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Lab 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 _____

Where did injury occur? none

(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. S. Nichols
Date Feb 19 1935 (Address) Geneva 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. 3121

1 PLACE OF DEATH
County Jefferson Registration District No. 31-0014 Registered No. 6
Town or City of Sunrise Ala No. 20 St. _____ Ward _____

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

2 FULL NAME Penkey J. Oplin
(a) Residence, No. Sunrise Ala R 20 St. _____ Ward _____
(Usual place of abode)
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 W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word) married

5a If married, widowed, or divorced
HUSBAND of Married
(or) WIFE of Penkey J. Oplin

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

7 AGE Years 51 Months 7 Days 14
If LESS than 1 day, hrs. or min.

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

9 BIRTHPLACE (city or town) Mattison, Ala.
(State or country)

10 NAME OF FATHER John W. Blanche

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

12 MAIDEN NAME OF MOTHER Louise W. Casey

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

14 Penkey J. Oplin
7/17/1933 T. S. Hendrich
Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH (month, day, and year) Feb 16 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug. 31 1927 to Feb 16 1933
that I last saw him alive on Feb. 14 1933

and that death occurred, on the date stated above, at 9 o'clock p.m.
The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(duration) 4 yrs 6 mos
CONTRIBUTORY Dilatation of Right V. 6
(Secondary)

(duration) 2 yrs 2 mos
18 Where was disease contracted at Home
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?
atw
(Signed) J. H. Haller M. D.
(Address) Sunrise 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 Mt. Gilead Cemetery
DATE OF BURIAL Feb 17 1933

20 UNDERTAKER J. S. Howell + Co
ADDRESS Sunrise Ala

OF ALABAMA in plain text, so that it may be properly examined. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH Best 14-

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

File No. for State Registrar Only.

1 PLACE OF DEATH

County Jefferson Registration District No 31 0016 Registered No. 20
Town or City of Dansboro Ala No. R St D Ward _____

2 FULL NAME Williams Thomas Aplin

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. _____ da. How long in U. S., if of foreign birth? _____ yrs. mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M. 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word) Widowed

16 DATE OF DEATH (month, day, and year) April 5th 1924
17 _____

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

I HEREBY CERTIFY, That I attended deceased from Feb. 11th 1924 to April 3rd 1924 that I last saw him alive on March 29 1924 and that death occurred, on the date stated above, at 3:30 p.m.
The CAUSE OF DEATH* was as follows:

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

7 AGE Years Months Days If LESS than 1 day. hrs. or min.
62 5 7

Hypercity of Liver

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furner.
(b) General nature of industry, business, or establishment in which employed (or employer) Lived on his
(c) Name of employer General Furner

18 Where was disease contracted If not at place of death? at Home
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? No
(Signed) John N. Hally M. D.
(Address) Dansboro Ala

9 BIRTHPLACE (city or town) (State or country) Copper Co Ala

10 NAME OF FATHER Williams Aplin

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

12 MAIDEN NAME OF MOTHER Mary Ann Bauers

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

14 Informant (Address) Blanchard Aplin
Dansboro Ala

15 Filed April 7, 1924 J. A. Hendrick Registrar

19 PLACE OF BURIAL, CREMATION, or REMOVAL; DATE OF BURIAL
Not placed in any place Ala April 4 1924

20 UNDERTAKER J. S. Haulton Co ADDRESS Dansboro

names 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.

