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IF NO DOCTOR WAS IN ATTENDANCE MEDICAL CERTIFICATION SHOULD BE COMPLETED BY THE LOCAL HEALTH OFFICER, OR CORONER IF HE IS A PHYSICIAN OR IF INQUEST WAS HELD

VS-3—100M

CERTIFICATE OF DEATH
STATE OF ALABAMA

12081

1. PLACE OF DEATH — a. County: Mobile 49777 — b. Beat No.: 2
c. City (If outside city or town limits, write RURAL) Or Town: Mt. Vernon, Ala. — d. Length of Stay in this place: 4 yrs. 8 mos. 3 days.
e. Full Name of Hospital Or Institution (If not in hospital or institution, give street address or location): SEARCY HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). — a. State: Alabama 32076 — b. County: Wilcox
c. City (If outside city or town limits, write RURAL) Or Town: Kitaw — d. Beat No.:
d. Street Address (If rural, give location): P. O. Box 131

3. Name Of DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. Date Of Death (Month) (Day) (Year)
	John	D.	Carpenter	June 14, 1954

5. Sex	6. Color or Race	7. Married, Never Married, Widowed, Divorced (Specify)	8. Date of Birth	9. Age (In years last birthday)	If under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
Male	Col.	Unknown	Unknown	60				

10a. Usual Occupation (Give kind of work done during most of working life, even if retired): Unknown
10b. Kind of Business or Industry: Unknown
11. Birthplace (State and county or foreign country): Unknown
12. Citizen of What Country?
13. Father's Name: Unknown
14. Mother's Maiden Name: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service): No
16. Social Security No.: Unknown
17. INFORMANT'S NAME AND ADDRESS: Searcy Hospital Records

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. Disease or Condition Directly Leading to Death* (a): Chronic Endocarditis
Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due To (b):
Due To (c): 4214

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. Autopsy? 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)
21d. Time of Injury (Month) (Day) (Year) (Hour) m.
21e. Injury Occurred While at Work [ ] Not While at Work [ ]
21f. How Did Injury Occur?

22. I hereby certify that I attended the deceased from October 9, 1949 to June 14, 1954, that I last saw the deceased alive on June 14, 1954 and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. Address: Mt. Vernon, Ala.
23c. Date Signed: 6/14/54.

24a. Burial, Cremation, Removal (Specify): Interment
24b. Date: 6/15/54.
24c. Name of Cemetery or Crematory
24d. Location (City, town, or county) (State): Catawba, Ala.

Date Rec'd by Local Reg.: 6/15/54.
Registrar's Signature: [signature]
25. Funeral Director: Johnson & Allen
Address: Mobile, Ala.

ALABAMA DEPARTMENT OF HEALTH AND U. S. PUBLIC HEALTH SERVICE COOPERATING

CERTIFICATE OF DEATH

STATE OF ALABAMA—BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH

File No. 2nd State Registrar Only. 10578

1 PLACE OF DEATH County Mobile 42-5-35

Town or City of Mobile No. St. Dauphin bet. Mohawk & Homer Ward

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

2 FULL NAME Laura Carpenter

(a) Residence. No. Dauphin bet. Mohawk & Homer Ward

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Negro

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 4, 1920

7 AGE: Years — Months 1 — Days 6 — If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(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

9 BIRTHPLACE (city or town) (State or country): Mobile Ala.

PARENTS

10 NAME OF FATHER: William Carpenter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Galeden Miss

12 MAIDEN NAME OF MOTHER: Lee Jessie Latham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lowndes Co. Miss

14 Informant: Ben Latham (Address) Dauphin bet. Mohawk & Homer.

15 Filed June 11 1920 W. H. Veale Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10 1920

17 I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___, that I last saw h___ alive on ___, 19___, and that death occurred, on the date stated above, at 9.25 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal Toxemia

104

(duration) yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Infectious Diarrhea

(duration) yrs. ___ mos. 4 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?

(Signed) S. F. Hale M. D.

19 (Address) Mobile 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: M.C. Public Ground — DATE OF BURIAL: June 11 1920

20 UNDERTAKER: Pope Undertaking Co. — ADDRESS: 57 St. Francis

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.

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 49-0002

File No. for State Registrar Only. 23427

STATE OF ALABAMA—BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH

1 PLACE OF DEATH County Mobile Registration District No. ______ Registered No. ______

Town or City of Mt Vernon, Ala St. ______, Ward ______,

The Searcy Hospital

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

2 FULL NAME Louise Carpenter

(a) Residence, No. ______ St., ______ Ward. ______ (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ______

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

7 AGE: Years 39 Months ______ Days ______ If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): D K

(c) Name of employer: D K

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

PARENTS

10 NAME OF FATHER: D K

11 BIRTHPLACE OF FATHER (city or town) (State or country): D K

12 MAIDEN NAME OF MOTHER: D K

13 BIRTHPLACE OF MOTHER (city or town) (State or country): D K

14 Informant ______ (Address) ______

15 Filed ______, 192__ ______ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1921

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1921, to Aug 7, 1921, that I last saw her alive on Aug 7, 1921, and that death occurred, on the date stated above, at 1:00 P m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) 3 yrs. ___ mos. ___ ds.

26

CONTRIBUTORY (Secondary) ______ (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? no

What test confirmed diagnosis? ______

(Signed) Toombs Lawrence, M. D.

(Address) Mt Vernon 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: Searcy Hospital, Mt Vernon Ala

DATE OF BURIAL: Aug 9 1921

20 UNDERTAKER ______ ADDRESS ______

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CERTIFICATE OF DEATH

STATE OF ALABAMA

27016

1. PLACE OF DEATH
a. County: Mobile 49 34 b. Reg. No.
c. City (If outside city or town limits, write RURAL) Or Town: Prichard
d. Length of Stay (in this place): 16 yrs
e. Full Name of (If not in hospital or institution, give street address or location) Hospital or Institution: 264 Percy Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
a. State: Alabama 49 34 b. County: Mobile
c. City (If outside city or town limits, write RURAL) Or Town: Prichard d. Reg. No.
d. Street Address (If rural, give location): 264 Percy Ave.

3. Name Of DECEASED (Type or Print): a. (First) Betty b. Middle 615 c. (Last) Carpenter

4. Date Of Death: (Month) Dec. (Day) 27, (Year) 1957

5. Sex: Female
6. Color or Race: Col.
7. Married, Never Married, Widowed, Divorced (Specify): Widowed
8. Date of Birth: Mar. 15, 1874
9. Age (In years last birthday): 83
If under 1 Year: Months / Days
If Under 24 Hrs.: Hours / Min.

10a. Usual Occupation (Give kind of work done during most of working life, even if retired): Housework
10b. Kind of Business or Industry:
11. Birthplace (State and county or foreign country): Kemper Co. Miss.
12. Citizen of What Country? U.S.A.

13. Father's Name: Prince Clemonds
14. Mother's Maiden Name: Littie McKalup

15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service): No
16. Social Security No.: No
17. INFORMANT'S NAME AND ADDRESS: Zola Griggs 264 Percy Ave.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. Disease or Condition Directly Leading to Death* (a) Cerebral Vascular Accident
Due To (b) Hypertensive Cardio Vascular disease
Due To (c) 440 X

Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. Other Significant Conditions Contributing to death but not related to the disease or condition causing death: Bronchopneumonia

Interval Between Onset and Death

19a. Date of Operation
19b. Major Findings of Operation
20. Autopsy? Yes ( ) No (X)

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 of Injury (Month) (Day) (Year) (Hour) m.
21e. Injury Occurred While at Work ( ) Not While at Work ( )
21f. How Did Injury Occur?

22. I hereby certify that I attended the deceased from 3-12, 19 57, to 12-24, 19 57, that I last saw the deceased alive on 12-24, 19 57, and that death occurred at 11:15 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [signature] 23b Address: Mobile Ala. 23c. Date Signed: 12-31-57

24a. Burial, Cremation, Removal (Specify): Removal
24b. Date: 1-3-58
24c. Name of Cemetery or Crematory
24d. Location (City, town, or county) (State): Scooba, Kemper, Miss.

Date Filed by Local Registrar: 1-1-1958 Signature of Local Registrar: [signature]
25. Funeral Director: Azalea Funeral Home Address: Mobile, Ala.

VS-2—

ALABAMA DEPARTMENT OF HEALTH AND U. S. PUBLIC HEALTH SERVICE COOPERATING

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CERTIFICATE OF DEATH
STATE OF ALABAMA

5751

1. PLACE OF DEATH — a. County: Mobile — b. Reg't No.: 49033 — c. City (If outside city or town limits, write RURAL) Or Town: Prichard — d. Length of Stay (in this place): 20yrs — e. Full Name of (If not in hospital or institution, give street address or location) Hospital Or Institution: 32 Zieman Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. State: Alabama — b. County: Mobile — c. City (If outside city or town limits, write RURAL) Or Town: Prichard — d. Reg't No. — d. Street Address (If rural, give location): 32 Zieman Street

3. Name Of DECEASED (Type or Print): a. (First): Lillie — b. (Middle): [illegible] — c. (Last): Carpenter

4. Date Of Death: (Month) 3 (Day) 11 (Year) 50

5. Sex: Female — 6. Color or Race: Negro — 7. Married, Never Married, Widowed, Divorced (Specify): Married — 8. Date of Birth: 4/1/1894 — 9. Age (In years last birthday): 55 — If Under 1 Year: Months / Days — If Under 24 Hrs: Hours / Min.

10a. Usual Occupation (Give kind of work done during most of working life, even if retired): House Wife — 10b. Kind of Business or Industry: At Home — 11. Birthplace (State or foreign country): Geneva, Alabama — 12. Citizen of What Country? U. S. A.

13. Father's Name: Frank Flower — 14. Mother's Maiden Name: Callie Jackson

15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service): No — 16. Social Security No.: none — 17. INFORMANT'S NAME AND ADDRESS: Annie M. Sullivan, Prichard, Ala.

MEDICAL CERTIFICATION

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, asphenia, etc. It means the disease, injury, or complication which caused death.

I. Disease or Condition Directly Leading to Death* (a): CEREBRAL HEMORRHAGE, MULTIPLE — Interval Between Onset and Death: 5 days

Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

Due To (b): HYPERTENSIVE CHRONIC — Interval Between Onset and Death: 1 year

Due To (c): 331X

II. Other Significant Conditions Conditions contributing to death but not related to the disease or condition causing death.

19a. Date of Operation — 19b. Major Findings of Operation — 20. Autopsy? Yes [ ] No [X]

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 of Injury (Month) (Day) (Year) (Hour) — 21e. Injury Occurred While at Work [ ] Not While at Work [ ] — 21f. How Did Injury Occur?

22. I hereby certify that I attended the deceased from Dec 31, 1949 to 11 March, 1950, that I last saw the deceased alive on 11 March, 1950, and that death occurred at 12.05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Charles Runyon M.D. — 23b. Address: 156 Clark St Prichard — 23c. Date Signed: 3/14/50

24a. Burial, Cremation, Removal (Specify): Burial — 24b. Date: 3/19/50 — 24c. Name of Cemetery or Crematory: Oaklawn Cemetry — 24d. Location (City, town, or county) (State): Mobile, Alabama

Date Rec'd by Local Reg.: MAR 15 1950 — Registrar's Signature: W. B. Hamby M.D. — 25. Funeral Director Address: Dixon Und't Sys; Prichard, Ala.

VS-3—Rev. 11-48

ALABAMA DEPARTMENT OF HEALTH AND U. S. PUBLIC HEALTH SERVICE COOPERATING