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LEGAL
RECORD AND
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MANENTLY
FILED

SEE OTHER
SIDE

FILL IN
WITH A
TYPEWRITER
OR WRITE
PLAINLY
WITH DARK
INK. DO NOT
USE GREEN
NOR RED INK.
LEGAL COPIES
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ENTRIES
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 Gen Deliver		(If rural, give location)	
3. Name of DECEASED (Type or Print) a. (First) Lillie. b. Middle Beatrice. c. (Last) Carpenter. 4. Date Of Death Month 9- Day 19- Year 1959					
5. Sex Female	6. Color or Race Col	7. Married, Never Married, Widowed, Divorced (Specify) Widowed	8. Date of Birth 12-24-1902	9. Age (In years last birthday) 56	10. If under 1 Year Months 9 Days
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. XXXXXXXXXX		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."		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) Troy, (Pike) Ala.		24e. State Ala.		25. Funeral Director Address McSwain Funeral Home, Brundidge, Ala.	
Date Rec'd by Local Reg. 10-5-59		Registrar's Signature Mrs. John C. Daub		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

Reg. District No. 550/00 Certificate No. 37
To Be Inserted By Registrar

For County Use

1. PLACE OF DEATH
County Lake Beat No. _____
City or Town Jay No. _____ Street _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
R.F.D. _____
1a. PLACE OF RESIDENCE: State Ala. Length of residence where death occurred 45 yrs. 5 mos. 15 days
(Usual place of abode)
County Coffee Beat _____
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 Beut Carpenter
7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min. 73
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) (State or country) Pike Co. Ala.
13. NAME Clinton Hooks
14. BIRTHPLACE (city or town) (State or country) Pike Co. Ala.
15. MAIDEN NAME Lula Jones
16. BIRTHPLACE (city or town) (State or country) Pike Co. Ala.
17. INFORMANT Husband
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, 19____
I last saw him alive on 2-1-37, 19____ 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)
156a
CONTRIBUTORY CAUSES of importance NOT RELATED to principal cause:
acute arthritis
36
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? _____, 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 no, specify _____
(Signed) Wm. D. Calley M. D. 2-1-37 (Address) _____

Burial or Transit Permit Issued by _____ Date of Issue _____

156a

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.

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 Etta, Ala. Rt. 1
 (If outside corporate limits of city or town write RURAL)
 Street address Rt. 1
 (If rural, give R. F. D. and Box No.) 1615

3. FULL NAME OF DECEASED

Rebecca Carpenter

4. Sex Female 5. ~~White~~ colored race? Colored

6. Social Security Number _____ 7. ~~Single~~ widowed ~~married~~ 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 87 Months _____ Days _____ If less than one day _____ 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 Full
 14. Birthplace _____ (City, town or county) (State or foreign country)

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

17. MEDICAL CERTIFICATION
 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 _____

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 **Montgomery, Ala.**
(If outside corporate limits of city or town write RURAL.)
 Street address **Low 4th**
(If in hospital or institution, give name only)
 Length of stay in place of death **1 year**
(Specify in years, months and days)

2. USUAL RESIDENCE OF DECEASED **5507021**
 State _____
 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.)

3. (a) FULL NAME **J. P. Carpenter 615**
 (b) Sex **M**
 (c) Social Security No. _____

4. (a) Date of death Month **Jan** day **6**
 year **46** hour **2** A. M. or P. M.
 5. 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.

6. (a) Color of hair **Black** (b) (a) Single, widowed, married, divorced **Married**
 (c) Age of husband or wife **32** years
 (d) (e) Age of deceased **46-14-15**
(Month) (Day) (Year)

7. (a) Cause of death **Cerebral Anemia**
 Due to **94a**
 Other conditions (Include pregnancy within 3 months of death) _____
 MAJOR FINDINGS: On operation _____
 At autopsy _____

8. (a) Date of document **1-8-46**
(Month) (Day) (Year)
 (b) (c) (d) (e) _____

9. (a) Place of death **Montgomery, Ala.**
(City, town, or county) (State or foreign country)

10. (a) Material **hard wood**

11. (a) Name **J. P. Carpenter**

12. (a) Residence **Montgomery, Ala.**
(City, town, or county) (State or foreign country)

13. (a) Middle name **Walter P. Gates**

14. (a) Residence **Montgomery, Ala.**
(City, town, or county) (State or foreign country)

15. (a) Informant's signature **J. P. Carpenter**

16. (a) Address **Low 4th**

17. (a) (b) (c) (d) (e) _____

18. (a) Signature, licensed physician **W. H. King**

19. (a) (b) (c) (d) (e) _____

IMMEDIATE CAUSE OF DEATH
Cerebral Anemia
 Due to **94a**
 Other conditions (Include pregnancy within 3 months of death) _____
 MAJOR FINDINGS: On operation _____
 At autopsy _____

20. 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? (a) (b) (c) (d) (e) _____
 Signature **W. H. King**
W. H. King
Montgomery, Ala.

NOTATIONS

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. (If nonresident, give city or town and State)

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)

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

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

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

9 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

10 BIRTHPLACE (city or town) (State or country) Ala

11 NAME OF FATHER

12 BIRTHPLACE OF FATHER (city or town) (State or country) Ala

13 MAIDEN NAME OF MOTHER

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Ala

15 Informant Miles Barnes
(Address) _____

16 Filed Sept 1925 T. M. H. Rodgers
(Signature)

16 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 miasmata

CONTRIBUTORY (Secondary) 148
(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) 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.)

19 PLACE OF BURIAL, CREMATION, or REMOVAL St. John DATE OF BURIAL Sept 9 1925

20 UNDERTAKER J. S. ... ADDRESS _____

NEVER SIGN A CERTIFICATE OF DEATH UNLESS YOU ARE A PHYSICIAN, AND YOU MUST SIGN IT IN THE PRESENCE OF THE DECEASED'S NEAREST RELATIVE. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

2635

CERTIFICATE OF DEATH

File No. for State Registrar Only
21219

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

1 PLACE OF DEATH

County Mobile Reg. District or Beat No. 555018 Certificate No. 116
Town or City Bayou La Batre 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

R. E. Tolman
(a) Residence No. Bayou La Batre 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 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 Widowed
(Write the word)

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

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

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

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Terrace
(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) _____

10 NAME OF FATHER J. H. Tolman

11 NAME OF FATHER (city or town) Bay

12 MAIDEN NAME OF MOTHER Samuel Brown

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____

14 Informant (Address) _____

15 Filed Oct 2 1927 J. M. H. Hodges Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1927

17 I HEREBY CERTIFY, That I attended deceased from April 1927, to Sept 29 1927
and I last saw him alive on Sept 23 1927
and that death occurred, on the date stated above, at _____
The CAUSE OF DEATH* was as follows:

Cancer - began on arm
Don't know
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) 49
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of Autopsy _____

Was there an autopsy? No

What test confirmed diagnosis? None that I know of
(Signed) _____ D.

Oct 4 1927 (Address) Bayou La Batre

*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 _____

20 UNDERTAKER ADDRESS _____

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.

ALABAMA

Center for Health Statistics

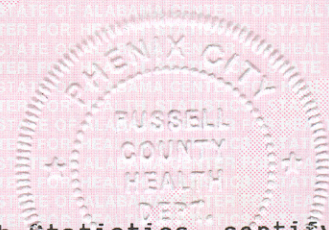
For County Use	5501	CERTIFICATE OF DEATH
STATE OF ALABAMA—BUREAU OF VITAL STATISTICS		
STATE BOARD OF HEALTH		
File No. for State Registrar Only. 18825		
1 PLACE OF DEATH	County <u>Pike</u> <u>Alabama</u> Reg. District or Beat No. <u>55-007</u> Certificate No. <u>53</u>	
Town or City <u>Brundidge</u>	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 <u>43</u> yrs. <u>7</u> mos. <u>0</u> da. How long in U. S., if of foreign birth? <u>1</u> yrs. <u>0</u> mos. <u>0</u> da.		
2 FULL NAME <u>Sarah Ann Ballard</u>		
(a) Residence, No. <u>Brundidge</u> 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 <u>F</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Joseph C Ballard</u>		
7. AGE (month, day, and year)		
Years <u>89</u>	Months <u>3</u>	Days <u>10</u>
If LESS than 1 day _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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) _____		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) <u>Shipperville, Ala</u>		
(State or country) <u>State of Alabama</u>		
13. NAME <u>John Mitchell</u>		
14. BIRTHPLACE (city or town) <u>South Carolina</u>		
(State or country)		
15. MAIDEN NAME <u>Sarah Ann Stroud</u>		
16. BIRTHPLACE (city or town) <u>South Carolina</u>		
(State or country)		
17. INFORMANT <u>C. R. Ballard</u>		
(Address) <u>Montgomery, Ala</u>		
18. BURIAL, CREMATION, OR REMOVAL		
Place <u>Brundidge</u> Date <u>8/25, 1934</u>		
19. UNDERTAKER <u>Jacobson, Haisten Co.</u>		
(Address) <u>Brundidge, Ala</u>		
20. Filed <u>Sept 7, 1934</u> <u>H. D. Gaffney</u> Registrar		
*State the disease causing death; see other side for further instructions.		
MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH (month, day, and year) <u>8/24, 1934</u>		
22. I HEREBY CERTIFY, That I attended deceased from <u>July 1st, 1934</u> , to <u>Aug 24th, 1934</u>		
Last seen <u>alive</u> on <u>8/24, 1934</u> , death is said to have occurred on the date stated above, at <u>2:40 p.m.</u>		
The principal cause of death and related causes of importance in order of causality were as follows:		
<u>Cerebral Apoplexy</u>		
<u>Arteriosclerosis</u>		
Contributory causes of importance not related to principal cause: <u>82047</u>		
Date of onset _____		
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) 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? <u>If so, specify _____</u>		
(Signed) <u>J. E. Byrnes</u> M. D.		
(Address) <u>Brundidge, Ala</u>		

MARGIN RESERVED FOR BINDING

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FORM 2-25M-8-34

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.



I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2004-305-980-4

Dorothy S. Harshbarger
Dorothy S. Harshbarger, State Registrar