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WITH A
TYPEWRITER
OR WRITE
PLAINLY
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
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

4504

1. PLACE OF DEATH a. County <u>Butter</u> b. Beat No. <u>12</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: resi- dence before admission). a. State <u>Ala</u> b. County <u>Mullee</u>	
c. City (If outside city or town limits, write RURAL) Town <u>Greenville</u> d. Length of Stay (in this place) <u>1 1/2</u>		c. City (If outside city or town limits, write RURAL) Town <u>Greenville</u> d. Beat No. <u>12</u>	
e. Full Name of (if not in hospital or institution, give street address) Hospital Or Institution <u>Stabler Infirmary</u>		d. Street Address (If rural, give location) <u>Field St</u>	
3. Name of DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Carkeeper</u> c. (Last) <u>615</u>		4. Date Of Death (Month) (Day) (Year) <u>May 18 51</u>	
5. Sex <u>Female</u>	6. Color or Race <u>Coal</u>	7. Married, Never Married, Widowed, Divorced (Specify) <u>widow</u>	8. Date of Birth (Month) (Day) (Year) <u>not given</u>
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <u>Daywork</u>		10b. Kind of Business or Industry	9. Age (In years if Under 1 Year 15 Under 24 Hrs. last birthday) Months Days Hours Min. <u>61</u>
13. Father's Name <u>Joe Payne</u>		11. Birthplace (State and county or foreign country) <u>Greenville, Ala.</u>	
15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) <u>0</u>		14. Mother's Maiden Name <u>Randy Sears</u>	
16. Social Security No.		17. INFORMANT'S NAME AND ADDRESS <u>Alfred Payne Meania Fla</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. Disease or Condition Directly Leading to Death* (a) <u>Pneumonia. Am come from mch 5 to mch 18 51</u> Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>pleurisy (later)</u> Due To (b) <u>last 2 days</u> Due To (c) <u>490X</u>	
18a. Date of Operation <u>None</u>		19. Major Findings of Operation	
21a. Accident (Specify) <u>None</u>		20. Autopsy? Yes [] No []	
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 Work [] Not While at Work []	
21f. How Did Injury Occur?		21g. (City, Town, or Rural) (County) (State)	
22. I hereby certify that I attended the deceased from <u>Mar 5th 1951 to Mar 18 1951</u> that I last saw the deceased alive on <u>Mar 18 1951</u> and that death occurred at <u>4:30 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>L.H. Stabler</u>		23b. Address <u>Greenville Ala</u>	
23c. Date Signed <u>3/20/51</u>		23d. (City, Town, or Rural) (State)	
24a. Burial, Crema- tion, Removal (Specify) <u>Burial</u>		24b. Date	
24c. Name of Cemetary or Crematory <u>New Method</u>		24d. Location (City, town, or county) (State) <u>near Greenville Ala</u>	
25. Funeral Director <u>James Hedgest Greenville Ala</u>		Address	
Date Rec'd by Local Registrar's Signature <u>4-5-51</u> <u>Greene Stanley</u>		25. Funeral Director <u>James Hedgest Greenville Ala</u>	

CERTIFICATE OF DEATH
STATE OF ALABAMA

23845

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PHYSICIAN OR
IF INQUEST
WAS HELD**

1. PLACE OF DEATH a. County Butler 07XX8		b. State Alabama		c. City (If outside city or town limits, write RURAL) Rural 107XX8		d. Post No.	
a. City (If outside city or town limits, write RURAL) Rural		d. Length of Stay (In this place)		d. Street Address Rt. 1 Box 126 Pigeon Creek Ala.		e. Post No. (If rural, give location)	
a. Full Name of (If not in hospital or institution, give street address or location) Rural Rt. 1 Box 126 Pigeon Creek Ala.		b. Middle		c. (Last) 320		d. Date of Death Sept 22 1958	
3. Name of DECEASED (Type or Print) Jessie JAMES Ridgeway		a. Sex Male		b. Color or Race Negro		c. Date of Birth 1888 10	
d. Marital Status Married		e. Date of Birth 1888 10		f. Age (in years that birthday) 70		g. If under 1 Year Months Days Hours MIN.	
10a. Usual Occupation Janitor		10b. Kind of Business or Industry Crenshaw Co. Ala.		11. Birthplace (State and county or foreign country) Crenshaw Co. Ala.		12. Citizen of What Country? U.S.	
13. Father's Name Jack Ridgeway		14. Mother's Maiden Name Unknown		17. INFORMANT'S NAME AND ADDRESS Jessie Ridgeway Rt. 1 Box 126 Ala.			
18. Cause of Death Enter only one cause per line for (a), (b), and (c) Sarcoma fulva		I. Disease or Condition Directly Leading to Death* (a)		Interval Between Onset and Death			
*This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.		Antecedent Causes Special conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Due To (b)		Due To (c)	
18a. Date of Operation		19b. Major Findings of Operation		20. Autopsy ? Yes () No <input checked="" type="checkbox"/>		(County) (State)	
21a. Accident (Specify) None		21b. Place of Injury (home, farm, factory, street, office bldg., etc.)		21c. (City, Town, or Rural)		21d. How Did Injury Occur?	
21d. Time (Month) (Day) (Year) of Injury		21e. Injury Occurred While at m. Work () Not While at Work ()		21f. How Did Injury Occur?			
22. I hereby certify that I attended the deceased from July 19 58 until Aug 25 58 , that I had seen the deceased alive on 8-14 58 , and that death occurred at 9-22-58 m., from the causes and on the date stated above.							
23a. SIGNATURE D. Philip Spain		23b. Address Greenville Ala.		23c. Date Signed 9-23-58		23d. (County) (State)	
24a. Burial, Cremation, or Disposal (Specify) Burial		24b. Date 27 Sept 58		24c. Name of Cemetery or Crematory Mulberry		24d. Location (City, town, or county) Crenshaw Ala.	
25a. Burial by Local Registrar's Signature 11-23-58		25b. Funeral Director Washburn St Greenville, Ala.		25c. Address Washburn St Greenville, Ala.			