

Department of Commerce
Bureau of the Census

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

Reg. District No. 510101

Certificate No.

To be filled out by local registrar

I. PLACE OF DEATH: Do Not Write Here
 5101015
 County Montgomery Beat No. _____
 City or Town Montgomery
 (If outside corporate limits of city or town write RURAL)
 Street address 513 Grove St.
 (If in hospital or institution, give name only)
 Length of stay in place of death one year
 (Specify in years, months and days)
 Do Not Write Here
 5101015

2. USUAL RESIDENCE OF DECEASED
 (For newborn infants give residence of mother)
 State Alabama
 County Montgomery Beat No. _____
 City or Town Montgomery
 (If outside corporate limits of city or town write RURAL)
 Street address 513 Grove St.
 (If rural, give R. F. D. and Box No.) WIS

3. FULL NAME OF DECEASED
Patience Carpenter
 4. Sex F 5. White or colored race? White
 6. Social Security Number none 7. (a) Single, married, widowed or divorced? unmarried
 7. (b) If married, widowed or divorced, give name and age of husband or wife John Carpenter Yrs. 100
 (Name) (Age if alive)
 8. Date of birth of deceased June 1877
 (Month by name) (Day) (Year)
 9. AGE: Years 65 Months _____ Days _____ If less than one day
 hrs. _____ min. _____

10. Birthplace Prater, Ala.
 (City, town or county) (State or foreign country)
 11. Usual occupation Domestic 12. Industry or business _____
 13. Name Kate Hart
 14. Birthplace Prater, Ala.
 (City, town or county) (State or foreign country)
 15. Full Maiden Name Dickie McNeal
 16. Birthplace Prater, Ala.
 (City, town or county) (State or foreign country)

BURIAL, REMOVAL, CREMATION
 Burial, removal, cremation Wesleyan Cemetery
 Date thereof January 11-42
 (Month by name) Day Year Prater, Ala.
 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
Murrell Lee Carpenter, said to be related to the decedent as Daughter whose address
 is 513 Grove St.
 Signature of person in charge Welch Dora Wright Date signed January 10-42
 (Month by name) (Day) (Year)

MEDICAL CERTIFICATION
 Date of death January 8-42
 (Month by name) (Day) (Year)
 Immediate cause of death Acute
Hyocaudia
 Due to Acute cystitis
93a Due to _____
135a Due to _____
 Other important conditions not causally related to immediate cause None
 Name of operation None
 Date of operation _____
 Major findings of operation: _____
 of autopsy None
 Attention Physician: Please underline the primary cause to which you believe this death should be charged.

If woman, indicate pregnancy within 3 months of death No (Yes or No)
 I hereby certify that I attended the deceased from Jan 8 1942 to Jan 8 1942
 that I last saw her alive on Jan 8 1942
 and that death occurred at 10:00 M. on the date stated above from causes given.
 Attendant's own signature J.W. Burtostoff M. D.
 Date signed Jan 18 1942 Coroner 1

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
 Describe how injury occurred _____
 Burial, removal, cremation Wesleyan Cemetery
 Date thereof January 11-42
 (Month by name) Day Year Prater, Ala.
 City or Town County State

19. Received 1/22 1942 Permit Issued 422 Registrar's own signature Dora J. Welch
 1942 (Day) (Year)
 This certificate must be filed with local registrar within 72 hours after death

Margin Reserved For Blanking
 Write plainly with erasable black ink. This is a permanent record. Every item of information should be carefully supplied.
 class; 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, Waxes or Figures Crossed Out Will Not Be Accepted.

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.

22466

1 PLACE OF DEATH
 County Montgomery Registration District No. _____ Registered No. 572001
 Town or City of Monty No. _____ St. _____ Ward _____

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

2 FULL NAME: Jeanne Barnes
 (a) Residence, No. 504 Hill St. _____ 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE Colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
 6 If married, widowed, or divorced HUSBAND of (or) WIFE of _____

16 DATE OF DEATH (month, day, and year) Nov. 19, 1920

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1920, to Nov 19, 1920, that I last saw her alive on Nov 17, 1920, and that death occurred, on the date stated above, at 4:25 P.M.

8 DATE OF BIRTH (month, day, and year)
 7 AGE Year _____ Months _____ Days _____ IF LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:
Accident - Auto body - Accidental

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 _____

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) J. P. Reynolds M. D.
 (Address) Montgomery Ala.

9 BIRTHPLACE (city or town) Monty (State or country) _____
 10 NAME OF FATHER Sam Barnes
 11 BIRTHPLACE OF FATHER (city or town) Ala (State or country) _____
 12 MAIDEN NAME OF MOTHER Sullie Barnes
 13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____

18 CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ da.
 19 PLACE OF BURIAL, CREMATION, or REMOVAL, DATE OF BURIAL. _____
 20 UNDERTAKER H. H. ... ADDRESS _____

14 Informant (Address) _____
 15 Filed _____ 1920 _____ Registrar F. W. D.
R. ...

INSTRUCTIONS TO REGISTRARS: See instructions on back of certificate.

CERTIFICATE OF DEATH
STATE OF ALABAMA

14788

1. PLACE OF DEATH a. County <u>Montgomery</u> <u>5/15/11</u>		b. Beat No.		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. State <u>Alabama</u> <u>17011</u> b. County <u>Montgomery</u>			
c. City (If outside city or town limits, write RURAL) Or Town <u>Montgomery</u>		d. Length of Stay (In this place)		c. City (If outside city or town limits, write RURAL) Or Town <u>Montgomery</u>		d. Beat No.	
e. Full Name of (If not in hospital or institution, give street address or location) <u>815 Central Ave.</u>				d. Street Address (If rural, give location) <u>815 Central Ave.</u>			
3. Name Of DECEASED (Type or Print) <u>WADE</u>		a. (First)		b. Middle		c. (Last) <u>CARPENTER</u>	
5. Sex <u>Male</u>		6. Color or Race <u>Colored</u>		7. Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		8. Date of Birth <u>Dec. 15, 1868</u>	
9. Age (In years, last birthday) <u>88</u>		10. Months		11. Days		12. Hours	
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. Kind of Business or Industry <u>Farm</u>		11. Birthplace (State and county or foreign country) <u>Montgomery Co., Ala.</u>		12. Citizen of What Country? <u>USA</u>	
13. Father's Name <u>Tom Carpenter</u>				14. Mother's Maiden Name <u>Sophie Cobbin</u>			
15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) <u>No</u>		16. Social Security No. <u>None</u>		17. INFORMANT'S NAME AND ADDRESS <u>Mrs. Magnolia Davis; 1711 Oak St., Montgomery, Ala.</u>			
18. Cause of Death Enter only one cause per line for (a), (b), and (c) <u>Cerebral hemorrhage</u>		MEDICAL CERTIFICATION				Interval Between Onset and Death <u>3 weeks</u>	
This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.		I. Disease or Condition Directly Leading to Death (a)		Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Due To (b)	
						Due To (c)	
II. Other Significant Conditions Conditions contributing to death but related to the disease or condition causing death.		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 m. Work () Not While at Work ()		21f. How Did Injury Occur?			
22. I hereby certify that I attended the deceased from <u>here</u> <u>1956</u> to <u>July 10, 1956</u> , that I last saw the deceased alive on <u>July 10, 1956</u> and that death occurred at <u>9:30 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H Leon Rosen</u>		23b. Address (Degree or title) <u>M.D. 409 N. 1st St. Montgomery, Ala.</u>		23c. Date Signed <u>July 12, 1956</u>			
24a. Burial, Cremation, Memorial (Specify) <u>Burial</u>		24b. Date <u>July 15, 1956</u>		24c. Name of Cemetery or Crematory <u>Madison</u>		24d. Location (City, town, or County) (State) <u>Montgomery, Ala.</u>	
25a. Date Rec'd by Local Registrar's Signature <u>16 July 56</u>		25b. Registrar's Signature <u>Douglas L. Cannon</u>		25c. Funeral Director <u>Lee's Funeral Home, Montgomery, Ala.</u>		25d. Address	

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Standard Certificate of Death

State File No. **14562**

STATE OF ALABAMA

Registrar's No. **510101**

1. PLACE OF DEATH:

County **Montgomery** Beat No. **5101015**
 City or Town **Montgomery**
(If outside corporate limits of city or town write RURAL.)
 Street address **1 1/2 Wheeler St.**
(If in hospital or institution, give name only)
 Length of stay in place of death **3 yrs.**
(Specify in years, months and days)

2. USUAL RESIDENCE OF DECEASED

State **Alabama**
 County **Montgomery** Beat No. _____
 City or Town **Montgomery**
(If outside corporate limits of city or town write RURAL.)
 Street address **1 1/2 Wheeler St.**
(If rural, give R. F. D. and Box No.)

3. (a) FULL NAME

George Lear Pentecost - 615

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

3. (b) If veteran,

4. Sex

male

Color or race
W.C.

(a) Single, widowed, married,
divorced **married**

5. (b) Name of husband or wife

(c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years **36** Months _____ Days _____
 If less than one day
 hr. _____ min. _____

9. Birthplace

Montgomery Co., Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

Public

MOTHER

12. Name

Wade Lear Pentecost

13. Birthplace

Montgomery Co., Ala.
(City, town, or county) (State or foreign country)

14. Maiden name

Lydia Range

15. Birthplace

Montgomery Co., Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant's name

Lydia Lear Pentecost

(b) Address

Rt 2 Box 57

17. (a) (Burial, cremation, or removal)

Lincoln Cemetery

(b) Date 7-9-44
(Month) (Day) (Year)

(c) Place: burial or cremation

Montgomery, Ala.

18. (a) Name of Undertaker

Ross & Blaylock

(b) Address

578 1/2 Wheeler St

19. (a)

7-11-44
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month **July** **day** **3** **year** **1944**

21. I hereby certify that I attended the deceased from

Jan 1, 1944 to July 2, 1944

that I last saw him alive on July 2, 1944
and that death occurred on the date stated above.

Immediate cause of death

Revere chronic
coronary artery
myocardial infarction

Other conditions

(Include pregnancy within 3 months of death) **93 d**

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?** _____ **(e) Means of injury** _____

23. Signature **[Signature]** **(M. D. or other)**

Address **1236 [Address]** **Date Signed** **7/6/44**

Dr. Charles Smith

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

Form No. 2 **147**

CERTIFICATE OF DEATH

1. Full name of deceased Willie Jackson
(Do not fail to give Full Name)
2. Date of death: Month Dec; day 9; 19 14 Hour: 9 A. M. 9 P. M.
3. Place of death (county) Montgomery; beat _____
4. City or town Montgomery; ward _____; street and No. 1212 Carter Hill Road
5. Place of birth of deceased (state or country) Ala
6. White or colored? B Male or female? M; Occupation _____
7. How long did deceased reside at place of death? all life
8. Where was disease contracted? _____ Duration of illness 7 days
9. Principal disease causing death _____
10. Contributory disease causing death Pneumonia
11. If homicidal, suicidal, or accidental, state definitely how accomplished _____
12. Did deceased undergo a surgical operation, and if so, when and of what nature? no

13. Age: Years _____; months 10; days _____; single, married or widowed? unmarried
14. Full name of father of deceased Tom Jackson
15. Birthplace of father (state or country) Ala
16. Full name of mother of deceased Cissie Jackson
17. Birthplace of mother (state or country) Ala
18. Place of interment Chambers Ala

19. Remarks: _____

Date of Report 12/10 Reporter Tom Boyd MD
 191 4 Post Office 8 Pkts ave

Dr. Singer

3144

Southern

CERTIFICATE OF DEATH

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

File No. for State Registrar Only.

15359

1 PLACE OF DEATH *Montgomery*
County _____ Registration District No. *17 1/2* Registered No. _____
Town or City of *Old Road* No. _____ St. _____ Ward _____

2 FULL NAME *Isaac Carpenter*
(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence, No. *Old Road* 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

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

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

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

7 AGE *46* Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work *Laborer and bag carrier*
(b) General nature of industry, business, or establishment in which employed (or employer) *Anthony & Shipping bag*
(c) Name of employer *Branch Park & Shell Co*

10 BIRTHPLACE (city or town) *Maui*
(State or country)

11 NAME OF FATHER *Dr*

11 BIRTHPLACE OF FATHER (city or town) *Dr*
(State or country)

12 MAIDEN NAME OF MOTHER *Dr*

12 BIRTHPLACE OF MOTHER (city or town) *Dr*
(State or country)

13 Informant *to Iglehah*
(Address)

14 *June 3, 1926* *Osceola J. Dixon*
Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH (month, day, and year) *June 7 1926*

17 I HEREBY CERTIFY that I attended deceased from *June 1, 1926* to *June 4, 1926*
that I last saw him alive on *June 7, 1926*
and that death occurred, on the date stated above, at _____
The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

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

15 Where was disease contracted _____ (duration) yrs. mos. ds.
if not at place of death?

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *no*

(Signed) *Osceola J. Dixon* M. D.
(Address) *Old Road*

*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.)

15 PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL

16 UNDERTAKER _____ ADDRESS _____

Every item of information 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

5100

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

File No. for State Registrar Only
1933

For County Use

1 PLACE OF DEATH

County Montgomery - Ala.
 Town or City Montgomery

Reg. District or Beat No. 5001 Certificate No. 1012

Street or R. F. D. St. Margarets, N. W. Ward 1012

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

(a) Residence No. 5000 Street or R. F. D. 1100 Ward 1012
 (Usual place of abode) (If not resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write full word) Single

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

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

7. AGE Years 25 Months 7 Days 28 If LESS than 1 day, — hrs. or — min.

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Sept 13 1933

19. UNDERTAKER (Address)

20. Filed

Sept 18 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 11, 1932

22. I HEREBY CERTIFY, that I attended deceased from Sept 11, 1932 to Sept 11, 1932

I last saw him alive on Sept 11, 1932; death is said to have occurred on the date stated above, at 10 P. M.

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

fractured skull Date of onset Sept 11

206 M

Contributory causes of importance not related to principal cause:

fractured jaw fractured clavicle Sept 11
fractured ribs

Passenger of auto that was into train

Was an operation performed? no Date of Sept 11

For what disease or injury? laboration fall

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Sept 11, 1932
in O. B. crossing near Prattville at 7 P. M.

Where did the injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public place

Manner of injury Ran into train 11:30 P. M.

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Clarence West M. D.
Oct 6 1932 (Address) 512 3rd St. Bldg

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.

145 FORM NO. 1

1. Full name of deceased Louisa Carpenter CARPENTER
2. Date of death: Month Dec; day 29; 1911; Hour: 9 A. M., P. M.
3. Place of death (county) Montgomery; beat
4. City or town Montgomery; ward; street and No. 201 Shady
5. Place of birth of deceased (state or country) Ala
6. White or colored? White Male or female? Female Occupation Housekeeper
7. How long did deceased reside at place of death?
8. Where was disease contracted? Duration of illness
9. Principal disease causing death old age
10. Contributory disease causing death
11. If 144 hospital, suicidal, or accidental, state definitely how accomplished.
12. Did deceased undergo a surgical operation, and if so when and of what nature?
13. Age: Years 96; months; days; single, married or widowed? widow
14. Full name of father of deceased Gas Carpenter
15. Birthplace of father (state or country) Ala
16. Full name of mother of deceased Polly Carpenter
17. Birthplace of mother (state or country)
18. Place of interment Lincoln Cemetery
19. Remarks: Reporter Dr J B Pinkston

CERTIFICATE OF DEATH

588 No. 2

1. Full name of deceased *Martha Tullip Barnes*
2. Date of death: Month *May* day *19* 19*11*: Hour *8* A. M. P. M.
3. Place of death (county) *Montgomery*; beat _____
City or town *Monty*; ward _____; street and No. *St. Marguerite Hospital*
4. Place of birth of deceased (state or country) *Ala*
5. White or colored? *Black* Male or female? *Female* Occupation *Cook*
6. How long did deceased reside at place of death? *7 days*
7. Where was disease contracted? _____ Duration of illness _____
8. Principal disease causing death *Sepsaemia*
9. Contributory disease causing death *Sarpiqitis purulent*
10. If homicidal, suicidal, or accidental, state definitely how accomplished _____
11. Did deceased undergo a surgical operation, and if so when and of what nature? _____
12. Age: Years *18*; months _____; days _____; single, married or widowed? *Single*
13. Full name of father of deceased *Tullip Barnes*
14. Birthplace of father (state or country) _____
15. Full name of mother of deceased *Mary Walker*
16. Birthplace of mother (state or country) *Ala*
17. Place of interment *Lincoln*
18. Remarks: *Forceless*
19. Date of Report *May 2 1911* Reporter *H. B. Moffitt* Post Office *CP*

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

Form No. 2

CERTIFICATE OF DEATH

1. Full name of deceased John Rauls
 (Do not fail to give full name)
2. Date of death: Month Aug; day 23 1919 Hour: A. M. / P. M.
3. Place of death (county) Montgomery; beat _____
4. City or town Montgomery; ward _____; street and No. W. M. Hospital
5. Place of birth of deceased (state or country) Cassada Co.
6. White or colored? White Male or female? Male Occupation farmer
7. How long did deceased reside at place of death? 4 days
8. Where was disease contracted? _____ Duration of illness _____
9. Principal disease causing death Strangulated Inguinal Hernia
10. Contributory disease causing death _____
11. If homicidal, suicidal, or accidental, state definitely how accomplished _____
12. Did deceased undergo a surgical operation, and if so when and of what nature?
Nervotomy
13. Age: Years 65; months _____; days _____; single, married or widowed? Married
14. Full name of father of deceased _____
15. Birthplace of father (state or country) _____
16. Full name of mother of deceased Maria Hopper
17. Birthplace of mother (state or country) _____
18. Place of interment First Graves Cemetery
19. Remarks: Lonely
- Reporter J. P. [Signature]
- Date of Report _____ 191 _____ Post Office Monty, Ala

J. P. [Signature]

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

File No. for State Registrar Only.

35273

1 PLACE OF DEATH ⁵¹⁰⁰
 County Montgomery
 Town or City of Montgomery No. 510019 St. Mobile Rd Ward _____

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

2 FULL NAME Jada Jackson
 (a) Residence, No. Mobile Rd St. _____ 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 Female 4 COLOR OR RACE Col. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
 (Write the word)

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

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

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
70 — — — — —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nursekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) Wm. Wallace
 (c) Name of employer Her daughter

9 BIRTHPLACE (city or town) Elmore Co. Ala.
 (State or country)

10 NAME OF FATHER Peter Rose

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

12 MAIDEN NAME OF MOTHER Mary Rose

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

14 Informant Aggie Orange Sgt.
 (Address)

15 Filed 11-17-1931 Paul J. Foster
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11-1931

17 I HEREBY CERTIFY, That I attended deceased from 11-11-1931 to 11-11-1931

that I last saw her alive on 11-11-1931 and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Senility

CONTRIBUTORY (Secondary)

18 Where was disease contracted (duration) yrs. mos. ds.
 If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? (Signed) Dr. Wilborn M. D.

(Address) Montgomery, 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 DATE OF BURIAL
Goodship Cen. 11-15-1931

20 UNDERTAKER ADDRESS
Ross-Clayton

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.

28

557

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

Form No. 2

CERTIFICATE OF DEATH

Charles D. Jackson

1. Full name of deceased (Do not fail to give full name)

2. Date of death: Month *July*, Day *15*, 19*10* Hour: *3* A. M. *4* P. M.

3. Place of death: county *Montgomery*; boat *10*

4. City or town *Montgomery*; ward _____; street and No. *2 Miles Kabil Road*

5. Place of birth of deceased (state or country) *Ala*

6. White or colored? *White* Male or female *Female* Occupation *Farmer*

7. How long did deceased reside at place of death? *10 years*

8. Where was disease contracted? _____ Duration of illness *6 weeks*

9. Principal disease causing death *Cerebral hemorrhage*

10. Contributory disease causing death _____

11. If homicidal, suicidal, or accidental, state definitely how accomplished _____

12. Did deceased undergo a surgical operation, and if so when and of what nature? _____

13. Age: Year *20*; months _____; day _____; single, married or widowed? *Married*

14. Full name of father of deceased *Rowen Stanch*

15. Birthplace of father (state or country) *Creole Stanch*

16. Full name of mother of deceased _____

17. Birthplace of mother (state or country) *Bulah*

18. Place of interment _____

19. Remarks: _____

Joseph Reporter *J. N. M. Laine*

Date of Report _____ 191 Post Office _____

Dr. J. S. Chain

CERTIFICATE OF DEATH *By Registrar*

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

File No. for State Registrar Only
17499

1 PLACE OF DEATH
County Montgomery Register District No. 51-5001 Registered No. _____
Town or City of Montgomery No. State Highway Ward _____

2 FULL NAME John Henry Barnes
(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence 112 1/2 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE C 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

6 If married, widowed, or divorced, name of husband or wife of _____

7 DATE OF BIRTH (month, day, and year)
Year 14 Months _____ Days _____
If less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School boy
(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) Montgomery Ala

10 NAME OF FATHER John Barnes

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

12 MOTHER'S NAME OF MOTHER Lucas L Barnes

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

14 Signature (Registrar) _____

5/13 1913 J. L. Barnes Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11/1913

17 I HEREBY CERTIFY, That I attended deceased from July 20 1912 to May 11 1913, that I last saw him alive on 8/19/12 and that death occurred, on the date stated above, of 9 days.
The CAUSE OF DEATH was as follows:
Septicæmia

18 CONTRIBUTORY (Secondary) Heart (duration) 6 yrs. mos. da.

19 Where was disease contracted (duration) 2 yrs. mos. da.
If not at place of death?

20 Did an operation precede death? no Date of _____

21 Was there an autopsy? _____

22 What test confirmed diagnosis? _____

(Signed) J. M. ...
(Address) 123 ...

*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional information.)

23 PLACE OF BURIAL, CREMATION, or REMOVAL Livesey DATE OF BURIAL 5/12/13

24 UNDERTAKER Livesey Co