

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.

880-  
**CERTIFICATE OF DEATH**  
 STATE OF ALABAMA—BUREAU OF VITAL STATISTICS  
 STATE BOARD OF HEALTH

File No. for State Registrar Only.  
**4287**

For County Use

**1 PLACE OF DEATH**  
 County Montgomery Reg. District or Beat No. 57-5001 Certificate No. \_\_\_\_\_  
 Town or City Montgomery Street or R. F. D. 512 N McDonough St. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**2 FULL NAME** George Carpenter,  
 (a) Residence, No. 512 N McDonough St., 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** male **4. Color or Race** white **5. Single, Married, Widowed, or Divorced** (write the word) single  
**5a. If married, widowed, or divorced**  
 HUSBAND of (or) WIFE of Infant  
**6. DATE OF BIRTH** (month, day, and year)  
**7. AGE** Years \_\_\_\_\_ Months 1 Days \_\_\_\_\_ If LESS than 1 day, hrs. \_\_\_\_\_ or min. \_\_\_\_\_  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Infant  
**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) unknown  
(State or country) America  
**13. NAME** unknown  
**14. BIRTHPLACE** (city or town) America  
(State or country)  
**15. MAIDEN NAME** unknown  
**16. BIRTHPLACE** (city or town) America  
(State or country)  
**17. INFORMANT** Salvation Army  
(Address)  
**18. BURIAL, CREMATION, OR REMOVAL**  
 Place Orkwood Cemetery Date 2/3/30  
**19. UNDERTAKER** Diffly's Funeral Home  
(Address)  
**20. Filed** 3/1/30 J. P. Dourney  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** (month, day, and year) 2/2/30, 19\_\_\_\_  
**22. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at 6:00 P.  
 The principal cause of death and related causes of importance in order of onset were as follows:  
Subarachnoid hemorrhage  
cause unknown  
 Date of onset \_\_\_\_\_  
 Contributory causes of importance not related to principal cause:  
200  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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?**  
 If so, specify \_\_\_\_\_  
 (Signed) J. P. Dourney M. D.  
(Address) \_\_\_\_\_

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

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

File No. for State Registrar Only.  
134

1 PLACE OF DEATH  
County Montgomery  
Town or City of Montgomery No. 9 St. Burton Ave. Ward         

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

2 FULL NAME Lottie Lee Rushing Carpenter  
(a) Residence. No. 9 Burton Ave St.          Ward.           
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident, give city or town and State)  
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

16 DATE OF DEATH (month, day, and year) July 14 1918

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Joe, Glenn Carpenter

17 I HEREBY CERTIFY, That I attended deceased from July 13 1918 to July 14 1918 that I last saw him alive on July 14 1918 and that death occurred, on the date stated above, at 10 A.M.

6 DATE OF BIRTH (month, day, and year) Sept. 15 1880

The CAUSE OF DEATH\* was as follows:  
Pulmonary tuberculosis

7 AGE Years Months Days IF LESS than 1 day, hrs. or min:  
37 4

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

Note - Christian Scientist  
(duration) 1 1/2 yrs. mos. ds.

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

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

10 NAME OF FATHER Joe E. L. Rushing

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

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

Did an operation precede death? No Date of         

12 MAIDEN NAME OF MOTHER Vouchelood

Was there an autopsy? no

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

What test confirmed diagnosis?  
(Signed) William Thompson M. D.  
1918 (Address) Montgomery Ala

14 Informant J. G. Carpenter  
(Address) Montg'y 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.)

15 Filed I-14 19 18

19 PLACE OF BURIAL, CREMATION, or REMOVAL. DATE OF BURIAL  
Vouchelood, Ala. I-15 1918

20 UNDERTAKER  
LEAK COMPANY ADDRESS

Registrar

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

Form No. 2

## CERTIFICATE OF DEATH.

1. Full name of deceased Rev. J. M. Barnes,  
[Do not fail to give Full Name]
2. Date of death: Month April; day 28; 1913; Hour: 2 A. M. 2 P. M.
3. Place of death (county) Montgomery,; beat 20
4. City or town Forks of Norman bridge and Woodley Road.
5. Place of birth of deceased (state or country) Alabama.
6. White or colored? White Male or female Male Occupation Minister
7. How long did deceased reside at place of death? Fourteen Years
8. Where was disease contracted? — Duration of illness 4 days
9. Principal disease causing death Injury from accident
10. Contributory disease causing death Senility
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: Years 77; months 2; days 18; single, married or widowed? Married
14. Full name of father of deceased Elkanah Barnes,
15. Birthplace of father (state or country) Virginia.
16. Full name of mother of deceased Mrs. Mary Barnes,
17. Birthplace of mother (state or country) Virginia.
18. Place of interment Greenwood Cemetery.
19. Remarks: —
- Reporter M. B. Kirkpatrick
- Date of Report 4/29/13. 19113 Post Office Montgomery, Ala.

LEAK UNDERTAKING COMPANY.

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RECORD AND  
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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

10549

1. PLACE OF DEATH a. County <u>Montgomery</u> b. Beat No. <u>51011</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. State <u>Alabama</u> b. County <u>Montgomery</u>	
3. City (If outside city or town limits, write RURAL) Or Town <u>Montgomery</u> c. Length of Stay (in this place) <u>1 day</u>		4. City (If outside city or town limits, write RURAL) Or Town <u>Montgomery</u> d. Beat No. <u>51011</u>	
5. Full Name of (If not in hospital or institution, give street address or location) Hospital or Institution <u>St. Margaret's Hospital</u>		6. Street Address (If rural, give location) <u>810 Washington St.</u>	
7. Name Of DECEASED a. (First) <u>Bertha</u> b. Middle <u>P.</u> c. (Last) <u>Carpenter</u>		8. Date of Death (Month) (Day) (Year) <u>5 6 56</u>	
9. Sex <u>Female</u>	10. Color or Race <u>White</u>	11. Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	12. Date of Birth (State and county or foreign country) <u>1-18-86 Tallapoosa Cty, Ala.</u>
13a. Usual Occupation (Give kind of work done during most of working life, even if retired)	13b. Kind of Business or Industry	13c. Age (In years last birthday) <u>70</u>	13d. Citizen of What Country? <u>U.S.A.</u>
14. Father's Name <u>Mr. Casper H. Plant</u>		15. Mother's Maiden Name <u>Mrs. Frankie</u>	
16. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) <u>0</u>		17. SOCIAL SECURITY No. <u>331X</u>	
18. Informant's Name and Address <u>Mr. John W. Carpenter, 810 Washington St.</u>		19. Cause of Death (Enter only one cause per line for (a), (b), and (c))	
20. Disease or Condition Directly Leading to Death* (a) Antecedent Causes *This does not mean the mode of dying, such as heart failure, anoxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Cerebral Hemorrhage</u> Due To (b) <u>Hypertension</u> Due To (c) <u>Unknown</u>	
21. Other Significant Conditions Conditions contributing to death but not related to the disease or condition causing death.		Interval Between Onset and Death <u>2-4 hours</u> <u>Several years</u>	
22a. Date of Operation	22b. Major Findings of Operation	23. Autopsy? Yes ( ) No <input checked="" type="checkbox"/>	
24a. Accident (Specify) <u>Suicide, Homicide</u>	24b. Place of Injury (Home, farm, factory, street, office bldg., etc.)	24c. (City, Town, or Rural) (County) (State)	
25a. Time (Month) (Day) (Year) (Hour) of Injury	25b. Injury Occurred (While at Work ( ) Not While at Work ( ))	25c. How Did Injury Occur?	
26. I hereby certify that I attended the deceased from <u>5-5</u> , 19 <u>56</u> , to <u>5-6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-6</u> , 19 <u>56</u> , and that death occurred at <u>3:15 p.</u> m. from the causes and on the date stated above.			
27a. SIGNATURE (Degree or title) <u>William A. Cannon M.D.</u>		27b. Date Signed <u>May 32, 1956</u>	
28. Address <u>351 S. Ripley St.</u>		29. Name of Cemetery or Crematory (City, town, or county) (State) <u>Mt. Hebron Elmore County, Alabama</u>	
30. Method, Cremation, Removal (Specify) <u>Burial</u>	31. Date <u>May 8, 1956</u>	32. Federal Street Address <u>White Chapel - Montgomery</u>	
33. Date Rec'd by Local Health Officer's Signature <u>25 May 30 Douglas L. Cannon</u>		34. Federal Street Address	

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RECORD AND  
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AND  
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WAS IN  
ATTENDANCE  
MEDICAL CER-  
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BY THE LOCAL  
HEALTH  
OFFICER, OR  
CORONER IF  
HE IS A  
PHYSICIAN OR  
IF INQUEST  
WAS HELD

CERTIFICATE OF DEATH  
STATE OF ALABAMA

16461

1. PLACE OF DEATH a. County <u>Montgomery</u>		b. Boat No.	2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. State <u>Alabama</u> b. County <u>Montgomery</u>	
c. City (If outside city or town limits, write RURAL) Or <u>Montgomery</u>		d. Length of Stay (in this place) <u>1 days</u>	c. City (If outside city or town limits, write RURAL) Or <u>Montgomery</u>	
3. Full Name of (If not in hospital or institution, give street address) Hospital or Institution <u>St. Margaret's Hospital</u>		d. Street Address <u>3635 Wilmington Road</u>	d. Boat No.	
4. Name of DECEASED (Type or Print) <u>Mr. Herbert A.</u>		a. (First) <u>Herbert</u>	b. Middle	c. (Last) <u>Carpenter</u>
5. Sex <u>Male</u>	6. Color or Race <u>White</u>	7. Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	8. Date of Birth <u>3-14-98</u>	9. Age (In years last birthday) <u>56</u>
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <u>Civil Service</u>		10b. Kind of Business or Industry	11. Birthplace (State and county or foreign country) <u>Hamilton, Ala.</u>	
13. Father's Name <u>Mr. W. H. Carpenter</u>		14. Mother's Maiden Name <u>Mrs. Clementine Shotts</u>		12. Citizen of What Country <u>USA</u>
15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) <u>0</u>		16. Social Security No.		17. INFORMANT'S NAME AND ADDRESS <u>Mrs. H. A. Carpenter - wife</u>
18. Cause of Death Enter only one cause per line for (a), (b), and (c) <u>Coronary Thrombosis</u>		MEDICAL CERTIFICATION I. Disease or Condition Directly Leading to Death* (a) <u>Coronary Thrombosis</u>		Interval Between Onset and Death <u>1 1/2 hrs</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.		Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due To (b) <u>4201</u> Due To (c)		
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 ( ) (County) (State)	
21a. Accident (Specify) <u>Suicide, Homicide</u>	21b. Place of Injury (home, farm, factory, street, office bldg., etc.)	21c. (City, Town, or Rural)		
21d. Time (Month) (Day) (Year) (Hour) of Injury	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 <u>8/13</u> , 19 <u>54</u> , to <u>8/14</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8/13</u> , 19 <u>54</u> , and that death occurred at <u>12:05</u> A. M., from the causes and on the date stated above.				
23a. SIGNATURE <u>Philip K. Burwell, M.D.</u>		23b. Address <u>1111 Bldg., Montgomery</u>	23c. Date Signed <u>8/14/54</u>	
24a. Burial, Cremation, or Disposal (Specify) <u>Burial</u>	24b. Date <u>15 Aug 54</u>	24c. Name of Cemetery or Crematory <u>Oakwood</u>	24d. Location (City, town, or county) (State) <u>Montgomery, Ala</u>	
25. Date Read by Local Health Officer's Signature <u>17 Aug 54 H. Graham M.D.</u>		25. Funeral Director <u>White Chapel</u>		

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**

File No for State Registrar Only. **16114**

For County Use

1. PLACE OF DEATH  
 County **Montgomery** Beat No.  
 City or Town **Montgomery** No. **Fitts Hill Hospital** Street

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

2. FULL NAME **Mrs. Icie Bell Carpenter**

1a. R.F.D. **State Alabama** Length of residence where death occurred **10 yrs 10 mos 3 days**  
 PLACE OF RESIDENCE: (Usual place of abode) **Washington** Beat  
 County **Chatom** No. Street

PERSONAL AND STATISTICAL PARTICULARS

2. SEX **Female** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

6a. If married, widowed, or divorced HUSBAND of **E. Y. Carpenter** (or) WIFE of

8. DATE OF BIRTH (month, day, and year) **Sep. 31, 1910**

7. AGE	Years	Months	Days	If LESS than
	<b>28</b>	<b>9</b>	<b>8</b>	1 day hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Work**

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At Home**

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Elmore County Alabama**  
 (State of country)

13. NAME **James H. Johnson**

14. BIRTHPLACE (city or town) **Alabama**  
 (State of country)

15. MAIDEN NAME **Mary Bell Mcnerief**

16. BIRTHPLACE (city or town) **Elmore County Alabama**  
 (State of country)

17. INFORMANT **E. Y. Carpenter (Husband)**  
 (Address) **Chatom Ala**

18. BURIAL CREATION OR INTERMENT **Funeral Home on Cemetery July 1 1939**  
**Elmore County Ala.**

19. SIGNATURE OF Undertaker **McMerris Harden Und. Co.**  
 (Address) **Westumpka Ala**

20. Filed **7-12-1939** Registrar **J. P. Danner**

21. DATE OF DEATH (month, day, and year) **June 29, 1939**

22. I HEREBY CERTIFY That I attended deceased from **June 26, 1939** to **June 29, 1939**  
 I last saw her alive on **June 29, 1939** death is said to have occurred on the date stated above, at **3 p. m.**  
 The PRINCIPAL CAUSE OF DEATH and RELATED CAUSES of importance in order of onset were as follows:  
**Bilateral Salpingitis and Cystic Ovaries.** 6  
**1394**

CONTRIBUTORY CAUSES of importance NOT RELATED to principal cause:

Was an operation performed? **Yes** Date of **June 17, 1939**  
 For what disease or injury? **Bilateral Salpingo-oophorectomy**

What test confirmed diagnosis? **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? **1939**

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? **No** (if so, specify)

(Signed) **James F. Hill** M. D.  
 (Address) **Montgomery Ala**

Date of issue **July 10, 1939**

Burial or Transit Permit issued by

CERTIFICATE OF DEATH.

413 [FORM No. 1]

1. Full name of deceased *E. W. Jackson*
2. Date of death, year *1910*; month *January*; day *26th*; hour *5:30* A. M. ~~P. M.~~
3. Place of birth of deceased (state or country) *Alabama*
4. Sex and color of deceased, white, m *Male*; black, m *f*
5. Place of death of deceased, County *Montgomery*; Beat
6. City or Town *Montgomery* Ward *6*; Street & No.
7. How long did deceased reside at place of death? *3 months*
8. Where was disease contracted? *Montgomery* Duration of illness *3 months*
9. Chief or principal disease causing death *Subacute*
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? *No*

13. Occupation of deceased *Policeman*

14. Age of deceased, years *41*; months; days; married, single or widowed *Single*

15. Full name of father of deceased *W. Jackson*

16. Place of birth of father of deceased (state or country) *Georgia Ala*

17. Full name of mother of deceased *E. Jackson*

18. Place of birth of mother of deceased (state or country) *Alabama*

19. Place of interment of deceased *Georgia Ala*

20. Remarks

Lea Industrial Co.

Reporter *J. H. Houghton MD*  
 Post Office *Montgomery, Ala*

Date of Report *1/27/10*

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? C.  
 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)

**MEDICAL CERTIFICATION**  
 17. Date of death January 8 1942  
 (Month by name) (Day) (Year)  
 Immediate cause of death Acute  
Hyocanth  
 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. Burtchoff, M. D.  
 Date signed Jan 18 1942 1  
 Address Montgomery, Ala. Coroner

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 Welch's Crematory Date thereof January 11-42 Place of burial or cremation Prater, Ala.  
 (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 Marcell Lee Carpenter, said to be related to the decedent as Daughter whose address is 513 Grove St.  
 Signature of person in charge Welch Bros. Date signed January 10 1942  
 (Month by name) (Day) (Year)

20. Received 1/22 1942 Permit Issued 422 Registrar's own signature Wesley J. Feat...  
 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.  
 State clearly the cause of death, locality 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

167

1 PLACE OF DEATH  
County Montgomery Registration District No. \_\_\_\_\_ Registered No. 57201  
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

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

9 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 \_\_\_\_\_

10 BIRTHPLACE (city or town) Monty  
(State or country) \_\_\_\_\_  
11 NAME OF FATHER Sam Barnes  
12 BIRTHPLACE OF FATHER (city or town) ala  
(State or country) \_\_\_\_\_  
13 MAIDEN NAME OF MOTHER Sullie Barnes  
14 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_  
(State or country) \_\_\_\_\_

15 Informant (Address) \_\_\_\_\_  
16 Filed \_\_\_\_\_ 1922 \_\_\_\_\_  
Registrar FWD  
R. ...

MEDICAL CERTIFICATE OF DEATH

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 PM  
The CAUSE OF DEATH\* was as follows:

Apuris - Autopsy - Accidental  
16  
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) Fred Reynolds M. D.  
(Address) Montgomery Ala

\*State the DISEASE CAUSING DEATH, or is death 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  
Calhoun \_\_\_\_\_  
20 UNDERTAKER H. ...  
ADDRESS \_\_\_\_\_

CAUTION: This is a plain form, so that it may be properly filled out. See instructions on back of certificate. Important.

**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. 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>	
10a. Usual Occupation (Give kind of work done during most of working life, even if retired)		10b. Kind of Business or Industry		11. Birthplace (State and county or foreign country)		12. Citizen of What Country? <u>USA</u>	
11. 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>		13. 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 I. Disease or Condition Directly Leading to Death* (a) <u>Cerebral hemorrhage</u>				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.		Antecedent Causes morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>331X</u>		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 <u>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. Burial, Cremation, Memorial (Specify) <u>Burial</u>		25b. Date <u>July 16, 1956</u>		25c. Name of Cemetery or Crematory <u>Madison</u>		25d. Location (City, town, or County) (State) <u>Montgomery, Ala.</u>	
26. Date Rec'd by Local Registrar's Signature <u>16 July 56</u>		26. Registrar's Signature <u>Douglas L. Cannon</u>		27. Funeral Director <u>Lee's Funeral Home, Montgomery, Ala.</u>		27. Address <u>Montgomery, Ala.</u>	

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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

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

**3. (b) If veteran,**

**4. Sex**

**male**

**Color or race**  
**W.C.**

**3. (c) Social Security No.** **420-10-2764**

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

**5. (b) Name of husband or wife**

**5. (c) Age of husband or wife if**

**alive** years \_\_\_\_\_

**7. Birth date of deceased**

**(Month) (Day) (Year)**  
**36 | |**  
**8. AGE: Years 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**

**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

MOTHER FATHER

(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? W 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  
Soulha

**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.

**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 *Wrench Pate & Staff 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 if not at place of death? \_\_\_\_\_ (duration) yrs mos. ds.

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

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.

PARENTS

*5100*

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

File No. for State Registrar Only  
**1932**

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

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 Black 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) Aug 1932

11. Total time (years) spent in this occupation 3 mos

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

Antunga, Co -

13. NAME

Wallace Carpenter

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

Antunga Co -

15. MAIDEN NAME

Margaret Montgomery

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

Antunga Co

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Sept 13 1932

19. UNDERTAKER (Address)

Spigelm Funeral Home

20

Filed Sept 18 1932 W. H. Spigelm 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  
no O.P. crossing near Nashville 10 PM  
 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 PM

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

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.

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

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 hospital, suicidal, or accidental, state definitely how accomplished. 144
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*

6. White or colored? *Black* Male or female? *Female* Occupation *Cook*

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

8. Where was disease contracted? Duration of illness

9. Principal disease causing death *Sepsaemia*

10. Contributory disease causing death *Sepsinitis purulenta*

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: Years *18*; months; days; single, married or widowed? *Single*

14. Full name of father of deceased *Tullip Barnes*

15. Birthplace of father (state or country)

16. Full name of mother of deceased *Mary Walker*

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

18. Place of interment *Lincoln*

19. Remarks: *Forceless*

Reporter *H. B. Moffitt*

Date of Report *May 2 1911*

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 5; 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 Graveyard Cemetery

19. Remarks: None

Signature of Reporter J. P. [unclear]

Date of Report \_\_\_\_\_ 191 \_\_\_\_\_ Post Office Monty, Ala

Signature of Registrar [unclear]

**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 <sup>5100</sup>  
 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

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

Form No. 2

CERTIFICATE OF DEATH

1. Full name of deceased: Charles D. Jackson  
 (Do not fail to give full name)

2. Date of death: Month July, Day 15, 1910 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? Color 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) \_\_\_\_\_

16. Full name of mother of deceased Cecilia Stanch

17. Birthplace of mother (state or country) \_\_\_\_\_

18. Place of interment Bulah

19. Remarks: \_\_\_\_\_  
 Reporter J. N. M. Linn

Date of Report \_\_\_\_\_ 101 \_\_\_\_\_ 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. 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 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 1933 J. L. Barnes Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year) May 11/1933

17 I HEREBY CERTIFY, That I attended deceased from July 20 1928 to May 11 1933, that I last saw him alive on 8/19/28 and that death occurred, on the date stated above, of 9 days. The CAUSE OF DEATH was as follows:

Septicæmia

18 CONTRA INDICATION (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. 6  
Hearted

19 Where was disease contracted (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. 2  
if not at place of death? \_\_\_\_\_

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

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.)

20 PLACE OF BURIAL, CREMATION, or REMOVAL Livesley DATE OF BURIAL 5/12/33

21 UNDERTAKER Livesley Co

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

SEE OTHER  
SIDE

FILL IN  
WITH A  
TYPEWRITER.  
DO NOT 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

VS-2-

CERTIFICATE OF DEATH  
STATE OF ALABAMA

22389

*Carpenter, Mrs. James*  
*10-31-59*

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		SEAT NO.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <b>Alabama</b>		b. COUNTY
b. CITY, TOWN, OR LOCATION <b>Montgomery</b>		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION <b>Mobile 5/XXB</b>	
d. NAME OF HOSPITAL OR INSTITUTION <b>St. Margaret's Hospital</b>		e. LENGTH OF STAY IN 1b		d. STREET ADDRESS <b>9 Cosgrove Drive</b>	
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>James</b> Last <b>615</b>		4. DATE OF DEATH Month <b>10</b> Day <b>31</b> Year <b>59</b>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/> ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>12-19-42</b>	9. AGE (in years last birthday) <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mobile Cty., Ala.</b>	
13. FATHER'S NAME <b>Mr. Darius Carpenter</b>		14. MOTHER'S MAIDEN NAME <b>Mrs. Mary A. Lee</b>		14a. NAME OF SURVIVING SPOUSE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME <b>Mr. R. E. Keevan-Step</b> Address <b>9 Cosgrove, Mobile</b> Father	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <b>Compound skull fracture with cerebral contusion, severe</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a)					INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs.</b>
20a. (Probably) ACCIDENT <input checked="" 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.) <b>automobile collision - 2 passenger car.</b>			
20c. TIME OF INJURY Hour <b>8</b> a. m. <b>10-30-59</b> p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office) <b>Highway 80 So. of Montgomery County, Alabama</b>		20f. CITY, TOWN, OR LOCATION <b>Montgomery County, Alabama</b>			
21. I attended the deceased from <b>10-30-59</b> to <b>10-31-59</b> and last saw him alive on <b>10-31-59</b> Death occurred at <b>4:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>John M. Cameron M.D.</b>		22b. ADDRESS <b>750 Washington Ave. Montgomery, Alabama</b>	
22c. DATE SIGNED <b>11-4-59</b>		23a. NAME OF CEMETERY OR CREMATORY <b>Mobile, Alabama</b>		23b. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <b>MEMORY CHAPEL</b>		ADDRESS <b>MONTGOMERY, ALA.</b>		25. DATE RECD. BY LOCAL REG. <b>9 Nov 1959</b>	
				26. REGISTRAR'S SIGNATURE <b>D. P. Cameron, MD</b>	

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