

ALABAMA

Center for Health Statistics

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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		Registrator Only.	
STATE BOARD OF HEALTH					101-18-23867		117	
1 PLACE OF DEATH								
County <u>Madison</u>								
Town or City of <u>Sumterville</u> St. _____, Ward _____								
(If death occurred in a hospital or institution, give its NAME instead of street and number)								
2 FULL NAME <u>Peggy Cochran</u>								
(a) Residence. No. _____ 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					MEDICAL CERTIFICATE OF DEATH			
3 SEX <u>Female</u>		4 COLOR OR RACE <u>W</u>		5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>				
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.
24								
8 OCCUPATION OF DECEASED								
(a) Trade, profession or particular kind of work <u>Trained Nurse</u>								
(b) General nature of industry, business, or establishment in which employed (or employer) _____								
(c) Name of employer _____								
9 BIRTHPLACE (city or town) (State or country) _____								
10 NAME OF FATHER _____								
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>New York</u>								
12 MAIDEN NAME OF MOTHER <u>P. Cochran</u>								
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Brooklyn N.Y.</u>								
14 Informant (Address) _____								
15 Filed _____, 19 _____ Registrar _____								
16 DATE OF DEATH (month, day, and year) <u>11/15</u> 19 <u>8</u>					17 I HEREBY CERTIFY, That I attended deceased from <u>Oct 5</u> 19 <u>8</u> to <u>10/15</u> 19 <u>8</u>			
that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____								
The CAUSE OF DEATH* was as follows: <u>Influenza</u>								
(duration) _____ yrs. _____ mos. _____ ds.								
CONTRIBUTORY (Secondary) <u>Pneumonia</u>								
(duration) _____ yrs. _____ mos. _____ ds.								
18 Where was disease contracted if not at place of death? _____								
Did an operation precede death? _____ Date of _____								
Was there an autopsy? _____								
What test confirmed diagnosis? <u>Care G. Grote</u> M. D.								
(Signed) _____								
19 (Address) <u>Harris Ave</u>								
*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			
					19			
20 UNDERTAKER					ADDRESS			

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2014-215-272-0

April 11, 2014

Catherine M. Donald
Catherine Molchan Donald
State Registrar of Vital Statistics