ALABAMA Center for Health Statistics

	STATE OF ALABAMA_BT	REAL STATISTICS Registrag Only	% +
		O OF HEALTH	FFOR
FOR HEALTH STATISTICS TAT	E OF ALABAMA CENTER TO STATE	数时边间的时间 (A) \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P	
1 PLACE OF DEATH	20000	MACE, ER FOR HE 101-18-23867 ALABAMA CENTI	
County	agree		
Town or City of	Questo orde	∠ St. , Ward.	
STATE OF ALABAMATIENTER F	OR HEALTH STATISTICS, STATE OF ALABI	AMA VENTER FOR HEALTH STATISTICS. STATE OF ALABAMA CENTS	FREE CO.
(If death occurred in a hospital or institution	on, give its NAME instead of street and number)	
SOUTEAUTHSTAND IN STA	0-2-1-0	TO A STORE OF THE BANK CENTER AND THE ALTER OF THE ALTER OF THE STORE OF THE ALTER	
2 FULL NAME	ecc sec	LTH STATISTICS FIRST OF ALBERTANICENTS	
(a) Residence. No	City Hus	Ortal Ward.	nd Sto
(Usual place of Length of residence in city or t		(If nonresident, give city or town as ds. How long in U.S., if of foreign birth? yrs. mos.	ds.
PERSONAL AND	STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WID- OWED, OR DIVORCED (Write the word)		2- 16 DATE OF DEATH (month, day, and year)	19
		THE STORY OF THE S	
general a	OFALA AN Israylow	I HEREBY CERTIFY, That I attended dece	ased I
- 1		- act 1 90 to 19/15	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of		AN A CENTER FOR HEALTH STATISTICS. STATE OF ALARAMA CENTER	10
		that I last saw halive on	, 19
ENGLE DESIGNATION OF THE STATE	OB HEALTHEN ALLS WELL STATE OF THE S.	and that death occurred, on the date stated above, at	
6 DATE OF BIRTH (month, day, and year)		- The CAUSE OF DEATH* was as follows:	
7 AGE Years	Months Days If LESS tha	i de la companya de l	
STATE OF ALLERANDAL BY	1 day,hr	a Influency	
2×	P OF ALACA PARTIES EN FINEALTER		

8 OCCUPATION OF DECEA		AWA CENTER FOR HEALTH STATISTICS STATE OF ALABAMA CENT	
(a) Trade, profession or particular kind of work	Tramed nurse		STATES
		(duration)yrs,mos.	
(b) General nature of Industry, business, or establishment in		CONTRIBUTORY Chames area	
which employed (or employer)		(Secondary)	1
(c) Name of employer		(duration)yrsmos.	**********
STATE OF ALBERTA		18 Where was disease contracted , if not at place of death?	
9 BIRTHPLACE (city or town)		AT HEER THE THE PROPERTY AND CENTER THE ALTREST HEALT REPORTED TO	
(State or country)	GRIHEALTHIST TIETICS STATETONIAL	Did an operation precede death? Date of	
10 7/17/17 07 7/17/17	E OF ALABAMA CENTER FOR HEALTHSTA	Was there an autopsy?	STATE
TO NAME OF FATHER.		— HINES TRANSPORTER ABAMA CERMINE FOR THE LESS TO THE STATE OF	
TTA TE OF ALCABANA DE HTERE	OH HEAD STATISTICS, STATE OF ILVADA	What test confirmed diagnosis?	
11 BIRTHPLACE OF FA	THER (My or town)	(Signed) Carl, 9, July	, М
2	MOTINGE VO OF		10
M 10 MATDEN MAME OF	The state of the s	19 (Address) / TVCC	
12 MAIDEN NAME OF B	- acruse	- State the DISEASE CAUSING DEATH, or in deaths from	VIOLE
11 BIRTHPLACE OF FA (State or country) 12 MAIDEN NAME OF B	Batini	CATICES STORE (1) MEANS AND NATURE OF INTURY	
EMPEOF SEED FAMILIES VISINGE	Palany OTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from CAUSES, state (1) MEANS AND NATURE OF INJURY whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See r.	everse
THE OF LAW BANKS HOWER F	THER (city or town)	CAUSES, state (1) MEANS AND NATURE OF INJURY whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See r for additional information.)	everse
13 BIRTHPLACE OF MO	THER (city or town)	whether ACCIDENTAL, SUICIDAL, or HUMICIDAL. (See I	everse
13 BIRTHPLACE OF MO (State or country) 14 Informant	Preferre (City or town)	whether ACCIDENTAL, SUICIDAL, or HUMICIDAL. (See r for additional information.)	everse
13 BIRTHPLACE OF MC (State or country)	Preferred A. 4	whether ACCIDENTAL. SUICIDAL, or HUMICIDAL. (See r for additional information.) 19 PLACE OF BURIAL, CREMATION, or REMOVAL DATE O	F BUR
13 BIRTHPLACE OF MO (State or country) 14 Informant	Pateria 2 4	whether ACCIDENTAL, SUICIDAL, or HUMICIDAL. (See r for additional information.)	F BUR
13 BIRTHPLACE OF MC (State or country) 14 Informant	Pateria 2 4	whether ACCIDENTAL. SUICIDAL, or HOMICIDAL. (See r for additional information.) 19 PLACE OF BURIAL, CREMATION, or REMOVAL DATE O (20 UNDERTAKER ADDRE	F BUR

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

Cassoine M. Dorald