

6607

CERTIFICATE OF DEATH
STATE OF ALABAMA

30653

20653

1. PLACE OF DEATH a. COUNTY Jefferson		BEAT NO. 37020	2. USUAL RESIDENCE (Where deceased lived, if institution, before admission) a. STATE Ala.		b. COUNTY Walker
b. CITY, TOWN, OR LOCATION BIRMINGHAM		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION DOCA 64XXB	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) CARRAWAY Meth.		e. LENGTH OF STAY IN lb	d. STREET ADDRESS		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last IVY PAUL Andrews			4. DATE OF DEATH Month Day Year 11-24-70		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-6-07	9. AGE (In years (If UNDER 1 YEAR IF UNDER 24 MRS. last birthday) Months Days Hours Min. 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ala.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME J.W. Andrews		14. MOTHER'S MAIDEN NAME PAULINE WILSON		14a. NAME OF SURVIVING SPOUSE Josephine Andrews	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME Josephine Andrews	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION					INTERVAL BETWEEN ONSET AND DEATH 2 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY ARTERIOSCLEROTIC CORONARY ARTERY DIS					yr.
DUE TO (c) 410.9					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. (Probably) ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9/70 to present and last saw ^{her} _{him} alive on 11/23/70 Death occurred at 2:00 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D. Joseph Hughes M.D.		22b. ADDRESS 1519 N. 25th Birmingham, Ala.		22c. DATE SIGNED 11/30/70	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11/26-70		23c. NAME OF CEMETERY OR CRYPTORY Maunakee Baptist Church	
23d. LOCATION (City, town, or county)		23e. STATE			