

1336

**CERTIFICATE OF DEATH**  
**STATE OF ALABAMA**

15283

PLACE OF DEATH COUNTY <b>Mobile</b>		BEAT NO.	2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <b>Ala</b> b. COUNTY <b>Clarke</b>	
CITY, TOWN, OR LOCATION <b>Mobile</b>		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	c. CITY, TOWN, OR LOCATION <b>Suggsville 13XX8</b>	e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
NAME OF HOSPITAL OR INSTITUTION <b>Mobile H<sub>o</sub></b>		f. LENGTH OF STAY IN lb <b>34 days</b>	d. STREET ADDRESS	
NAME OF DECEASED First <b>Emile</b> Middle Last <b>BARNES Sr</b>		4. DATE OF DEATH Month <b>7</b> Day <b>3</b> Year <b>59</b>		
1. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12 25 1904</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR: Months Days Hours Min.
3. USUAL OCCUPATION (Give kind of work done during most of working life) <b>Post Master</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>USPO</b>	11. BIRTHPLACE (State or foreign country) <b>Ala /</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
FATHER'S NAME <b>Morris Barnes</b>		14. MOTHER'S MAIDEN NAME <b>Helen Davis</b>	14a. NAME OF SURVIVING SPOUSE <b>#</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? no		16. SOCIAL SECURITY NO. <b>419 01 5538</b>	17. INFORMANT'S NAME Address <b>E Barnes Jr Memphis Tenn</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lymphosarcoma</b> <b>200X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 years</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)				19. WAS AUTOPSY PERFORMED? YES <input 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 <b>11:45 P</b> Month <b>7</b> Day <b>3</b> Year <b>59</b> a. m. 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)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from death occurred at <b>11:45 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.		and last saw her/him alive on		
22a. SIGNATURE <b>H. Aubrey White Jr. M.D.</b>		22b. ADDRESS <b>1304 Government St</b>	22c. DATE SIGNED <b>7/4/59</b>	
23a. BURIAL CREMATION REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7 5 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Suggsville Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Suggsville Ala</b>
24. FUNERAL DIRECTOR <b>Giggins Mortuary Mobile Ala.</b>		25. DATE RECD. BY LOCAL REG. <b>7-4-1959</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Stoe</b>	