

CERTIFICATE OF DEATH
STATE OF ALABAMA

5628

45024 a. Death No. 1

b. State ALABAMA c. Date 11/27/1956

d. Name of Deceased **Edward Styles**
e. Length of Stay (in this place) **1**
f. Place of Death **5th Ave. Hosp.**

g. Sex **Male** h. Race **White**
i. Age (in years, last birthday) **57**
j. Date of Birth **11/27/1899**
k. Place of Birth **Ala.**

l. Marital Status **Married**
m. Occupation (Give kind of work) **Tram**
n. Education (State and county or foreign country) **1**

o. Cause of Death **Myocardial Infarction**
p. Date of Death **11/27/1956**
q. Age (in years, last birthday) **57**
r. Sex **Male**
s. Race **White**
t. Date of Birth **11/27/1899**
u. Place of Birth **Ala.**

v. Name of Deceased **Edward Styles**
w. Name of Deceased **Hattie Isom**

x. Name of Deceased **Widow Mrs Grace Styles**

II. Cause of Death
a. Name of Condition **Sarcocoma of Endometrium**
b. Period Leading to Death (Specify)
c. Antecedent Causes (Specify)
d. Morbid Conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
e. Other Significant Conditions (Specify)
f. Major Findings of Operation

g. Refused Autopsy (Specify)
h. Cause of Death **152X**
i. Cause of Death **Generalized Metastasis**
j. Cause of Death **8 Mo**

III. Place of Injury (Home, Farm, Factory, Street, Office Bldg., etc.)
IV. Date (Month) (Day) (Year) (Hour)
V. Injury Occurred (Specify) (a) (b) (c)
VI. How and When Injury Occurred

VII. Date (Month) (Day) (Year) (Hour)
VIII. Injury Occurred (Specify) (a) (b) (c)
IX. How and When Injury Occurred

X. I hereby certify that I attended the deceased from **9/17/56** to **3/4/56**, that I had my the deceased
and that death occurred at **1:20 P.M.** from the cause and on the date stated above.

Signature of Physician **Walter E. White** (Degree or Title) **MD** Address **Huntsville**
Signature of Coroner **Walter E. White** (Degree or Title) **MD** Address **Huntsville**

Signature of Registrar **Walter E. White** (Degree or Title) **MD** Address **Huntsville**
Signature of Funeral Director **Walter E. White** (Degree or Title) **MD** Address **Huntsville**