

**STATE OF ALABAMA
CERTIFICATE OF DEATH**

5310

STATE FILE NUMBER

DECEASED—NAME 1. John Clifford Watwood			DATE OF DEATH (MONTH, DAY, YEAR) 2. March 1, 1980		
RACE OR COLOR 3. Cau: W		SEX 4. M	AGE—LAST BIRTHDAY (YEARS) 5a. 74	UNDER 1 YEAR 5b. 74	UNDER 1 DAY 5c. 74
CITY, TOWN, OR LOCATION OF DEATH 6. Goodwater 019026			INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Goodwater Nursing Home 6	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Alabama 01		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Divorced 9	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. None
SOCIAL SECURITY NUMBER 12. 466-09-3513		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Cattleman		KIND OF BUSINESS OR INDUSTRY 13b. None	
RESIDENCE—STATE 14. Alabama 019026		COUNTY 15. Coosa	CITY, TOWN, OR LOCATION 16. Goodwater	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14a. Yes	STREET AND NUMBER 14b. Highway #280 East
FATHER—NAME 17. Alvin V. Watwood			MOTHER—MAIDEN NAME 18. Kate McElvy		
PHYSICIAN'S NAME (IF ANY) 19. Dr. John James			INFORMANT—NAME 20. Mrs. Ruby W. Lindsey		
21a. ADDRESS Goodwater, Alabama			21b. ADDRESS P.O. Box 265, Goodwater, Ala.		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) renal carcinoma with metastase					71 year
DUE TO, OR AS A CONSEQUENCE OF:					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
Co.P.D., arthritis, peptic ulcer disease			AUTOPSY (YES OR NO) 19a. NO	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. X	WAS THERE A PREGNANCY IN LAST SIX MONTHS (YES, NO, UNK.) 19c. 2
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR 9-73	TO 21b. death	AND LAST SAW HIM/HER ALIVE ON 21c. 3-1-80	AND/DID NOT VIEW THE BODY AFTER DEATH. 21d. NO
CERTIFICATION—CORNER OR HEALTH OFFICER: On the basis of the examination of the body and/or the investigation, in my opinion death occurred on the date and due to the cause(s) stated.			HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR	
CERTIFIER—PHYSICIAN, CORNER OR HEALTH OFFICER (TYPE OR PRINT) 22. John M. James			SIGNATURE 23a. John M. James	DEGREE OR TITLE 23b. MD	DATE SIGNED (MONTH, DAY, YEAR) 23c. 3/6/80
MAILING ADDRESS—CERTIFIER 24. Box 500			STREET OR R.F.D. NO.	CITY OR TOWN Goodwater, Ala	STATE Ala
BURIAL, CREMATION, REMOVAL (SPECIFY) 25a. Burial		CEMETERY OR CREMATORY—NAME 25b. Hillview Memorial Park		LOCATION 25c. Alexander City, Alabama	STATE Alabama
DATE (MONTH, DAY, YEAR) 26a. March 4, 1980		FUNERAL HOME—NAME AND ADDRESS 26b. Badney's Brown-Service, P.O. Box 46, Alex City, Ala. 35010		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
FUNERAL DIRECTOR—SIGNATURE 27a. David Strain		REGISTRAR—SIGNATURE 28a. Lorene K. Miller		DATE RECEIVED BY LOCAL REGISTRAR 28b. 03-10-80	