

CERTIFICATE OF DEATH
STATE OF ALABAMA

12832

1. PLACE OF DEATH a. COUNTY <i>Talladega</i>		BEAT NO. <i>2</i>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <i>Alabama</i> b. COUNTY <i>Talladega</i>	
3. CITY, TOWN, OR LOCATION <i>Eastaboga</i>		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY, TOWN, OR LOCATION <i>Eastaboga</i>	
4. NAME OF HOSPITAL OR INSTITUTION <i>Eastaboga</i>		e. LENGTH OF STAY IN 1b		d. STREET ADDRESS <i>Eastaboga Box 38</i>	
5. NAME OF DECEASED (Type or print) <i>Howard L. Camp</i>		First Middle Last <i>Howard L. Camp</i>		DATE OF DEATH Month Day Year <i>5-8-1960</i>	
6. SEX <i>Male</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>July 1, 1892</i>	
9. USUAL OCCUPATION (Give kind of work done during most of working life)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <i>66</i>	
11. FATHER'S NAME <i>H. C. Camp</i>		14. MOTHER'S MAIDEN NAME <i>Arline Adams</i>		14a. NAME OF SURVIVING SPOUSE <i>Arline Adams</i>	
10. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>420-07-8619</i>		17. INFORMANT'S NAME <i>H. C. Camp</i>	
11. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>		12. CITIZEN OF WHAT COUNTRY? <i>Alabama</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>4201</i>		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>24 hours</i>	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 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 <i>1 May 60</i> to <i>1 May 60</i> and last saw him alive on <i>1 May 60</i> Death occurred at <i>1 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Harvey B. Campbell M.D.</i>		22b. ADDRESS <i>1015 N. ...</i>		22c. DATE SIGNED <i>10 May 60</i>	
23a. BURIAL CREMATION REMOVAL 15 (specify)		23b. DATE <i>5-9-1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Memorial</i>	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR <i>...</i>		25. DATE RECD. BY LOCAL REG. <i>May 10 1960</i>	
26. REGISTRAR'S SIGNATURE <i>...</i>					

Talladega, Ala.
Eastaboga

Howard L. Camp 5-8-1960
July 1, 1892 Age--66
Alabama USA
Arline Adams France Camp
420-07-8619 H.C.Camp, Box 1,
Eastaboga



Harvey B. Campbell
STATE REG.