

Standard Certificate of Death

State File No. **23888**

STATE OF ALABAMA **3187**

Registrar's No. **3737026**

1. PLACE OF DEATH:
 County Jefferson Beat No. **3737026**
 City or Town Birmingham
(If outside corporate limits of city or town write RURAL)
 Street address 1816-2nd Ave No.
(If in hospital or institution, give name only)
(Furniture store)
 Length of stay in place of death
(Specify in years, months and days)

2. USUAL RESIDENCE OF DECEASED **3737026**
 State Alabama
 County Jefferson Beat No. _____
 City or Town Birmingham
(If outside corporate limits of city or town write RURAL)
 Street address 8220-5th Ave So
(If rural, give R. F. D. and Box No.)

3. (a) FULL NAME Lloyd Reid Christenbury 623
If Foreign Born How Long in U. S.? Yrs. _____

3. (b) If veteran. name war _____
3. (c) Social Security No. 416-07-9968

4. Sex M **5. Color or Race** W
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. E. Barron Christenbury **6. (c) Age of husband or wife if alive** 42 years

7. Birth date of deceased Oct. 1903-1893
(Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 24
If less than one day hr. min.

9. Birthplace Mckenburg N.C.
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business W. E. Kilday - Coats

12. Name Sidney Johnson Christenbury

13. Birthplace N.C.
(City, town, or county) (State or foreign country)

14. Maiden name Frances A. Cannon

15. Birthplace N.C.
(City, town, or county) (State or foreign country)

16. Informant's signature Mrs. L. R. Christenbury

Address 8220-5th Ave So.

17. Burial Forest Hill Cem **Date** 12-15-44
(Ential, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation Forest Hill Cem

18. Name of Undertaker James

Address 1806 27th Ave No.

19. (a) 12-14-44 **(b)** _____
(Date received and Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Dec day 13 year 1944

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him alive on _____ 19____

and that death occurred on the date stated above at 9:50 A.M.

Immediate cause of death unknown

Natural causes and not from violence

Due to heart attack

Other conditions (include pregnancy within 3 months of death)

Name of operation: 95c

Date of operation: _____

MAJOR FINDINGS: On operation _____

At autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. H. Edwards (M.D. or other) _____

Address Bham Ala **Date Signed** 12/14/44

Duration	
Yrs.	Mo: Da

PHYSICIAN 3
 Underline the cause to which death should be charged statistically. 3

FATHER
MOTHER