

CERTIFICATE OF DEATH
STATE OF ALABAMA

10955

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|---|---|---|
| 1. NAME OF DEATH Chambers 09025 | | 2. USUAL RESIDENCE (Where deceased lived, if institution) Residence before admission a. STATE Alabama b. COUNTY Chambers |
| 3. CITY, TOWN, OR LOCATION Lafayette | | c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 4. STREET ADDRESS Route 2 | | d. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 5. LENGTH OF STAY IN ALABAMA 1 day | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 6. COLOR OR RACE W | 7. MARRIAGE NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8/13/1910 |
| 9. AGE (in years last birthday) 55 | 10. UNDER 1 YEAR Months 4 Days 22 Hours 66 | 11. UNDER 24 HRS. Hours 66 Min. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | 13. BIRTHPLACE (State or foreign country) Chambers Co. Ala. | 14. NAME OF SURVIVING SPOUSE Margie Griffin Finney |
| 15. SOCIAL SECURITY NO. 4201 | 16. INFORMANT'S NAME Harrell Finney | 17. ADDRESS Lafayette Ala. Rt 2 |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis | | |
| 19. INTERVAL BETWEEN ONSET AND DEATH | | |
| 20. CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), (b), or (c) stating the nature of the cause last. | | |
| 21. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | |
| 22. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 23. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | |
| 24. TIME OF HOUR Month, Day, Year INJURY a. m. p. m. | 25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office) | |
| 26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | 27. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 28. I attended the deceased from 4/21/66 to 4/22/66 and last saw her alive on 4/22/66 | | |
| 29. Death occurred at 7:45 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 30. SIGNATURE <i>N. C. Wheeler</i> | 31. ADDRESS M. D. Lafayette, Ala. | 32. DATE SIGNED 5/9/66 |
| 33. BURIAL CREMATION, REMOVAL (specify) Burial | 34. DATE 4/24/66 | 35. NAME OF CEMETERY OR CREMATORY Chapel Hill |
| 36. LOCATION (City, town, or county) Chambers | 37. (State) Alabama | 38. REGISTRAR'S SIGNATURE <i>H. S. Service</i> |
| 39. FUNERAL DIRECTOR Johnson & Sanders, Lafayette, Ala. | 40. ADDRESS 710/66 | 41. DATE RECD. BY LOCAL REG. 5/10/66 |