

# 269

AFFIDAVIT

STATE OF ALABAMA  
MONTGOMERY COUNTY

This is to certify that the attached death certificate, marked Exhibit "A", constitutes a record of the death of my Father, J. T. Johnson, Sr., who died in Tuscaloosa County, Alabama, on September 2nd, 1947.

This affidavit is given for the purpose of evidencing the termination of a life estate held by the said J. T. Johnson, Sr., in certain property in Montevallo, Alabama created under the Will of Ella Peebles Johnson.

James T. Johnson, Jr.

Sworn to and subscribed before me this 17 day of October, 1947.

J. T. Storm

Notary Public in and for Montgomery County,  
Alabama.

EXHIBIT "A"  
STANDARD CERTIFICATE OF DEATH  
STATE OF ALABAMA.

State File No. \_\_\_\_\_  
Registrar's No. 495

6316727

1. PLACE OF DEATH:  
County Tuscaloosa Beat No. 16  
City or Town Tuscaloosa  
(If outside corporate limits of city or town write RURAL)

Street address Bryce Hospital  
(If in hospital or institution, give name only)

Length of stay in place of death 7 mo. 29 days.  
(Specify in years, months and days)

2. USUAL RESIDENCE OF DECEASED  
State Alabama 5800000  
County, Shelby Beat No. \_\_\_\_\_  
City of Town \_\_\_\_\_  
(If outside corporate limits of city or town write RURAL)  
Street Address \_\_\_\_\_  
(If rural, give R. F. D. and Box No.)

# 3.(a) FULL NAME J. T. Johnson If Foreign Born \_\_\_\_\_  
How Long in U. S. ? \_\_\_\_\_ Yrs.

3. (b) If veteran (3) Social Security  
name war \_\_\_\_\_ No. \_\_\_\_\_

4. SEX Male 5. COLOR OR RACE White (6) (A) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife, UNKNOWN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years.

7. Birth date of deceased UNKNOWN  
(Month) (Day) (Year)

8. AGE 87 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. BIRTHPLACE Unknown  
(City, town or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business

FATHER

12. Name Unknown  
13. Birthplace Unknown  
(City, town or county) (State or foreign country)

MOTHER

14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. Informant's signature \_\_\_\_\_  
Address \_\_\_\_\_

17. \_\_\_\_\_ Date  
(Burial, cremation, or removal) (Month, Day, Year)  
Place: Burial or cremation \_\_\_\_\_

18. Name of Undertaker Memory Chapel

Address, Tuscaloosa, Alabama

19. (a) 10/7/47 (b) L Davis  
(Date received and Registrar's Signature)

MEDICAL CERTIFICATION

20. Date of death: month Sept. day 2 year 1947

21. I hereby certify that I attended the deceased from Jan 5, 1947 to Sept 2, 1947 that I last saw him alive on September 2, 1947 and that death occurred on the date stated above at 3:20 A. m.

Immediate cause of death - Arterio Sclerosis & Senile Deterioration

Due to -----

Other conditions Physosis  
(Include pregnancy within 3 moths of death)

Name of operation ----- 97

Date of operation ----- 84d

MAJOR FINDING:

On operation ----- At autopsy -----

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

2. 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 -----

(d) Did injury occur in or about home, on farm, in industrial place in public place? -----

While at work?

23. Signature S. Leach, M. D. for the Bryce Hospital

Address Tuscaloosa, Alabama. Sept. 2, 1947.

CERTIFIED COPY OF RECORD.

This is to certify that, if bearing the seal of the Bureau of Vital Statistics of the Alabama State Department of Public Health and properly countersigned, this is a true copy of an original record on file in this office.

Dated Oct. 17, 1947. at Montgomery, Alabama.

COUNTERSIGNED Ralph W. Roberts

Juda Jenkins State Registrar

(Seal of Bureau of Vital Statistics)

Designated Bureau Clerk.

Filed for record in the office of the Judge of Probate on 20th Oct. 1947 and recorded in Deed Book 130 page 470 on 30th Oct. 1947.

L. C. Walker,  
Judge of Probate.