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MEDICAL CERTIFICATE OF DEATH M
STATE OF ALABAMA

BOOK 16 PAGE 402

1. PLACE OF DEATH a. COUNTY: SHELBY
BEAT NO.:
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: ALABAMA b. COUNTY: SHELBY
b. CITY, TOWN, OR LOCATION: CALERA, ALABAMA
c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐
c. CITY, TOWN, OR LOCATON: CALERA, ALABAMA
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): RESIDENCE
e. LENGTH OF STAY IN 1b:
d. STREET ADDRESS: P.O. BOX 203
ON A FARM? YES ☐ NO ☒
3. NAME OF DECEASED (Type or print) First: FANNIE Middle: Last: SNOW
4. DATE OF DEATH Month: 12 Day: 25 Year: 73
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1/23/1900
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ALABAMA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN ROGERS
14. MOTHER'S MAIDEN NAME: UNKNOWN
14a. NAME OF SURVIVING SPOUSE: ROBERT SNOW
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 423-07-7603
17. INFORMANT'S NAME: MRS. CLYDE MOONEY
Address: 1215 N.E. 17th AVE. OCALA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: NATURAL CAUSES
IMMEDIATE CAUSE (a)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 ☐ NO ☒
20a. (Probably) ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 ______, to ______ and last saw her/him alive on ______
Death occurred at ______ 7. P.m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): [signature] CORONER
22b. ADDRESS: Columbiana, Al. 35051
22c. DATE SIGNED: 1-3-74
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12/28/73
23c. NAME OF CEMETERY OR CREMATORY: K-SPRINGS
23d. LOCATON (City, town, or county) (State): SHELBY COUNTY
24. FUNERAL DIRECTOR: BOLTON-BROWN SERVICE
ADDRESS: COLUMBIANA, ALABAMA
25. DATE RECD. BY LOCAL REG.: 1-3-74
26. REGISTRAR'S SIGNATURE: Dorothy Woodham