STATE OF ALABAMA
SHELBY COUNTY

203

AFFIDAVIT

My name is Ollie F. Hudson and I am 73 years of age and presently reside at Rt. 1 Box 338, Calera, Alabama. My mother's name was Betty Boothe Wadsworth, who was the sister of the mother of James Harmon, Emma Carter and their brothers and sisters. James Harmon and his brothers and sisters are my first cousins and I knew James Harmon from 1917 until his death on the 15th of September, 1970. I also knew Emma Carter, who was James Harmon's sister, from 1917 until her death on the 27th day of April, 1978. James Harmon did not marry during his lifetime and fathered no children, and left no heirs or descendants. James Harmon was one of five children; Clarence Harmon, Emma Carter, Ada Brewer, Daisy Boyd, and himself. Clarence Harmon died when he was 21 years of age in about 1934, and he was not married, nor did he father any children or leave any heirs or descendants, other than his brothers and sisters as aforesaid. I knew Clarence during his lifetime. I am aware of the Will of Emma Carter which was recorded in Book 23, Page 873 and in Book 45, Page 879, in the Office of the Judge of Probate of Shelby County, Alabama. Ada Brewer and Daisy Boyd are the only parties who have any interest in any real estate formerly owned by Emma Carter.

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I am also personally familiar with the use and occupancy of the following described real estate:

> The NE 1/4 of the SE 1/4 of Section 13, Township 22, Range 2 West, Shelby County, Alabama, containing 40 acres, more or less.

I do not personally know about the use and occupancy of the aforesaid real estate prior to 1950, but to the best of my information and belief, it was used, owned and occupied by Emma Carter for many years prior to 1950. Emma Carter and her husband occupied the aforesaid real estate until 1953, when Mr. Carter died and since that time Emma Carter has been the owner of

and in open, notorious and adverse possession of, the said real estate until her death.

IN WITNESS WHEREOF I set my hand and seal this the 10th day of April, 1979.

Ollie F. Hudson
Ollie F. Hudson

Sworn to and subscribed before me on this the 10th day of April, 1979.

Eason Mitchell
Notary Public

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EASON MITCHELL NOTARY PUBLIC ALABAMA STATE AT LARGE

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED

79 MAY -4 PM 4:02

Thomas A. Chamblee, Jr.
JUDGE OF PROBATE

Rec. 3.00
Index 1.00
4.00

19790307000027750 2/3 $.00
Shelby Cnty Judge of Probate, AL
03/07/1979 12:00:00 AM FILED/CERT

Eason Mitchell
P.O. Box 550
Calera, AL 35040

REJECT IF ALTERED, REPHOTOGRAPHED, OR IF SEAL IMPRESSION CANNOT BE FELT.

I hereby certify that this is a true copy of the certificate for the person named thereon as it now appears in the permanent record of the Bureau of Vital Statistics, the Division of Health of the City of St. Louis. Witness my hand as City Registrar of Vital Statistics and the seal of the Division of Health of said department this
Date of:

$2.00 Fee Paid. MAR 22 1979

Helen L. Brew, M.D.
City Registrar

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

124

STATE FILE NUMBER

VS 300
Rev. 1/70

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8724

DECEASED—NAME FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. James		Harmon	2. Male	3. September 15, 1970

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS.	DAYS	UNDER 1 DAY: HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 67	5b.		5c.		6. May 13, 1903	7a.

CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. St. Louis	7c. Yes	7d. City Hospital, 1515 Lafayette

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Alabama	9. U S A	10.	11.

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. 176 16 3923	13a. Retired Day Laborer	13b.

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Mo.	14b. St. Louis	14c.	14d. Yes	14e. 1537 Valle

FATHER—NAME FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME FIRST	MIDDLE	LAST
15. Christ	Harmon		16. Unknown		

INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Jewel Featherly	17b. 1537 Valle St. Louis, Mo. 63133

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE	(a) Pulmonary emboli	
DUE TO, OR AS A CONSEQUENCE OF:		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(b) Bronchopneumonia	
DUE TO, OR AS A CONSEQUENCE OF:		
	(c)	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).

Metastatic adenocarcinoma

AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. Yes	19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c. M.	20d.

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e.	20f.	20g.	20h. ☐ YES ☐ NO ☐ UNK.

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)	TO (MONTH, DAY, YEAR)	AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED (HOUR)	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. Sept. 2, 1970	21b. Sept. 15, 1970	21c. Sept. 15, 1970	21d.	21e. 9:15A M.	

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR)
22a.	M.	22b. M.

CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. Dr. Savitri Jain	23b. Savitri Jain M.D.		23c. Sept. 16, 1970

MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO.)	CITY OR TOWN	STATE	ZIP
23d. 1515 Lafayette	St. Louis	Mo.	

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION (CITY OR TOWN, STATE)
24a. Burial	24b. St. Matthew Cemetery	St. Louis, Mo.

DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
24d. Sept. 16, 1970	25a. Thomas Kutis 2906 Gravois	St. Louis, Mo. 63118

FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25b. Thomas J. Kutis	26a. Helen L. Brew M.D.	26b. SEP 17 1970

[redacted] [redacted] [redacted]