325

CERTIFICATE OF DEATH
STATE OF ALABAMA

75-8

1. PLACE OF DEATH a. COUNTY: Jefferson | BEAT NO.: 37115 | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Alabama b. COUNTY: Shelby

b. CITY, TOWN, OR LOCATION: Leeds Alabama | c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☐ | c. CITY, TOWN, OR LOCATON: Vincent Alabama | e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒ ON A FARM? YES ☐ NO ☐

3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Leeds Hospital | c. LENGTH OF STAY IN 1b: 24hrs | d. STREET ADDRESS: Rfd I

4. NAME OF DECEASED (Type or print): First: Clarence Middle: M Last: Rowe | DATE OF DEATH: Month Jan Day 12 Year 1969

5. SEX: Male | 6. COLOR OR RACE: White | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH: 8-25-1915 | 9. AGE (In years last birthday): 53 | 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): selfemployed | 10b. KIND OF BUSINESS OR INDUSTRY: farmer | 11. BIRTHPLACE (State or foreign country): Talladega County, Ala. | 12. CITIZEN OF WHAT COUNTRY? Shelby

13. FATHER'S NAME: George Rowe | 14. MOTHER'S MAIDEN NAME: Holly Allen | 14a. NAME OF SURVIVING SPOUSE: Eunice Rowe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) | (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. [redacted] | 17. INFORMANT'S NAME: Everlene Stone. Rfd. 2. Box504 Address: Trusville, Alabama

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 13 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe uncontrolled hypertension — unknown

DUE TO (c)

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 1-11-69 to 1-12-69 and last saw her/him alive on 1-12-69

Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James E. Davis, M.D. | 22b. ADDRESS: Leeds, Ala. | 22c. DATE SIGNED: 1-20-69

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: I-I4-I969 | 23c. NAME OF CEMETERY OR CREMATORY: Donnavant B Church | 23d. LOCATON (City, town, or county) (State): Shelby County Alabama

FUNERAL DIRECTOR: J. H. Robinson No. Lic. 289 | ADDRESS: Memory Chapel Childersburg, Ala | 25. DATE RECD. BY LOCAL REG.: JAN 23 1969 | 26. REGISTRAR'S SIGNATURE: Felix E. Hartley

MEDICAL CERTIFICATION

STATE OF ALA. SHELBY CO.
I CERTIFY THIS WAS FILED Dec. 1 50 / 1 00 / 2 50
1982 DEC 28 AM 10: 19

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STATE OF ALABAMA
COUNTY OF JEFFERSON

This is to certify that the above is a copy of a certificate as filed in the Bureau of Statistics and Vital Records, Jefferson County Health Department, Birmingham, Alabama.

J. H. Robinson M.D.
Health Officer

SEP 28 1970
Date of Issue

Felix E. Hartley
Registrar of Vital Statistics

Mary Houston
Authorized Bureau Clerk

Jack A

Not Valid Without Embossed Seal of the Health Officer of Jefferson County, Alabama