

325

CERTIFICATE OF DEATH
STATE OF ALABAMA

758

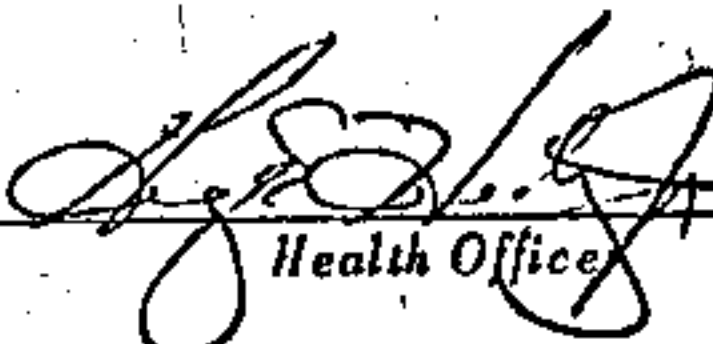
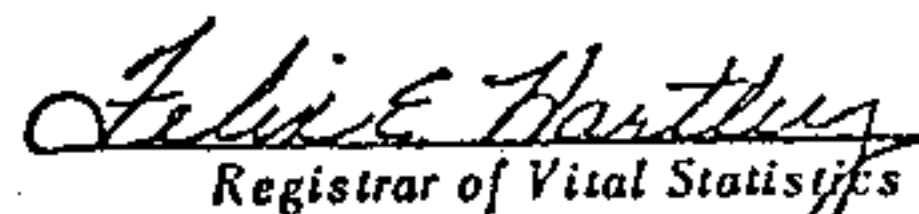
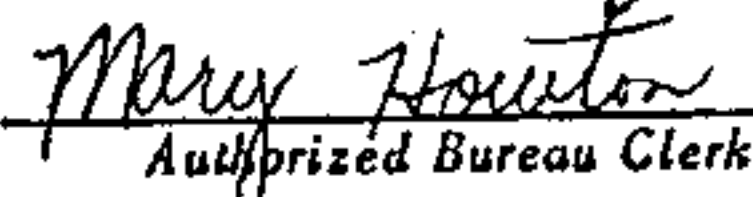
1. PLACE OF DEATH a. COUNTY Jefferson		b. CITY, TOWN, OR LOCATION Leeds Alabama		3. BEAT NO. 37115		2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Alabama b. COUNTY Shelby	
4. NAME OF DECEASED (Type or print) Clarence M Rowe		5. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☐		6. CITY, TOWN, OR LOCATION Vincent Alabama		7. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒	
8. NAME OF HOSPITAL OR INSTITUTION Leeds Hospital		9. LENGTH OF STAY IN 1b 24hrs		10. STREET ADDRESS 44rd I		11. ON A FARM? YES ☐ NO ☐	
12. DATE OF DEATH Jan, 12, 1969		13. SEX Male		14. COLOR OR RACE White		15. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	
16. DATE OF BIRTH 8-25-1915		17. AGE (In years last birthday) 53		18. IF UNDER 1 YEAR Months Days		19. IF UNDER 24 HRS. Hours Min.	
20. USUAL OCCUPATION (Give kind of work done during most of working life) selfemployed		21. KIND OF BUSINESS OR INDUSTRY farmer		22. BIRTHPLACE (State or foreign country) Talladega County, Ala		23. CITIZEN OF WHAT COUNTRY? Shelby	
24. FATHER'S NAME George Rowe		25. MOTHER'S MAIDEN NAME Holly Allen		26. NAME OF SURVIVING SPOUSE Eunice Rowe		27. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no	
28. SOCIAL SECURITY NO. [REDACTED]		29. INFORMANT'S NAME Everlene Stone		30. Rfd. 2, Box 504		31. Address T, rusville, Alabama	
32. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive cerebrovascular accident		33. INTERVAL BETWEEN ONSET AND DEATH 13 hrs		34. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe uncontrolled hypertension		35. unknown	
36. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		37. 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		38. 20a. (Probably) ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐		39. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.)	
40. 20c. TIME OF HOUR Month, Day, Year INJURY a. m. p. m.		41. 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE WORK ☐ AT WORK ☐		42. 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office)		43. 20f. CITY, TOWN, OR LOCATION COUNTY STATE	
44. 21. I attended the deceased from 1-11-69 to 1-12-69 and last saw him alive on 1-12-69		45. Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		46. 21a. SIGNATURE James E. Davis, M.D.		47. 21b. ADDRESS Leeds, Ala.	
48. 21c. DATE SIGNED 1-20-69		49. 22a. NAME OF CEMETERY OR CREMATORY Donnavant B Church		50. 22b. LOCATION (City, town, or county) Shelby County Alabama		51. 22c. DATE RECD. BY LOCAL REG. JAN 23 1969	
52. 22d. REGISTRAR'S SIGNATURE Felix E. Hartley		53. 22e. FUNERAL DIRECTOR J. H. Robinson		54. 22f. ADDRESS Memory Chapel Childersburg, Ala		55. 22g. DATE 289	

STATE OF ALABAMA
COUNTY OF JEFFERSON

1982 DEC 28 AM 10:19

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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.


Health Officer M.D.SEP 28 1970
Date of Issue
Registrar of Vital Statistics
Authorized Bureau Clerk

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