MAR 27 '90 12:56 KIDD*] ELOPMENT

STATE OF ALABAMA

CERTIFICATE OF DEATH

State File Number 101

Inst # 1998-19126

1. DECEASED—NAME (First, Middle, Last)	JOHN LEON KIDD, SR.	2. DATE OF DEATH (Month, Day, Year)	DECEMBER 27, 1989
3. COUNTY OF DEATH	JEFFERSON		
4a. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	BIRMINGHAM 35243 037020	4b. INSIDE CITY LIMITS	X Yes ☐ No
4c. PLACE OF DEATH (If not in hospital or other institution, give street and number)	2991 DONITA COURT (If Hospital, Check One) ☐ Inpatient ☐ DOA ☐ ER or Outpatient		
5a. IF HISPANIC ORIGIN (Specify Yes or No) If yes, Specify Cuban, Mexican, Puerto Rican, etc.	0 ☐ Yes X No Specify	5b. RACE - American Indian, Black, White, etc. — Specify	WHITE
6. SEX	MALE	7. DATE OF BIRTH (Month, Day, Year)	DECEMBER 9, 1896
7a. AGE	93 Years	7b. UNDER 1 YEAR Mos. / Days	
7c. UNDER 1 DAY Hours / Min.		8. PLURALITY OF BIRTH X Single ☐ Twin ☐ Triplet (Specify)	8b. IF NOT SINGLE BIRTH—BORN ☐ First ☐ Second ☐ Other (Specify)
9. DECEASED'S SOCIAL SECURITY NUMBER	[redacted]		
10. WAS DECEDENT EVER IN ARMED FORCES	1 X Yes ☐ No	11. DECEDENT'S EDUCATION—Specify only highest grade completed (Elementary/Secondary (Circle) 0 1 2 3 4 5 6 7 8 9 10 11 12; College (Circle) 1 2 3 4)	12
12. MARITAL STATUS	X Married ☐ Never Married ☐ Widowed ☐ Divorced	13. SURVIVING SPOUSE (If wife, give maiden name)	INEZ ROSE
14. STATE OF BIRTH (If not in U.S.A., name country)	ALABAMA 01	15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RETIRED SUPERVISOR 307
16. KIND OF BUSINESS OR INDUSTRY	POSTAL TRANSPORTATION SERVICE 412		
17a. RESIDENCE—STATE	ALABAMA	17b. COUNTY	JEFFERSON
17c. CITY, TOWN, OR LOCATION AND ZIP	BIRMINGHAM 35243	17d. INSIDE CITY LIMITS	☐ Yes ☐ No
17e. STREET AND NUMBER	2991 DONITA COURT		
18. MOTHER—MAIDEN NAME First / Middle / Last	LILLA MAE ELLIOTT	19. DATE OF BIRTH	UNKNOWN
20. SOCIAL SECURITY NUMBER	UNKNOWN		
21. FATHER—NAME First / Middle / Last	JOHN D KIDD	22. DATE OF BIRTH	UNKNOWN
23. SOCIAL SECURITY NUMBER	UNKNOWN		
24. PHYSICIAN'S NAME (If any) Address	Dr. J. T. Spencer 2660 10th Avenue So., B'ham, AL	25. INFORMANT—NAME Address	INEZ KIDD 2991 DONITA COURT BIRMINGHAM, ALABAMA

MEDICAL CERTIFICATION

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
26. IMMEDIATE CAUSE (Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.) (a)	Carcinoma Stomach	Months
Due to, or as a consequence of: (b)	Congestive Heart Failure	6yrs
Due to, or as a consequence of: (c)	Arteriosclerotic Coronary Disease	6yrs.

27. PART II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not related to cause given in part 1 (a)

28a. AUTOPSY	☐ Yes X No	
28b. IF YES were findings considered in determining cause of death	☐ Yes X No	
28c. WAS THERE A PREGNANCY IN LAST	90 DAYS ☐ Yes ☐ No ☐ Unk	43 DAYS ☐ Yes ☐ No ☐ Unk

29. EXTERNAL CAUSES ONLY ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ OTHER (Specify)	30a. WAS AN OPERATION PERFORMED During Last 28 Days ☐ Yes X No	30b. REASON FOR OPERATION (Specify)
31a. DATE OF INJURY (Month, Day, Year)	31b. HOUR M.	31c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 27)
31d. INJURY AT WORK ☐ Yes ☐ No	31e. PLACE OF INJURY—At home, farm, street, factory, office bldg., etc. (Specify)	31f. LOCATION (Street or R.F.D. No., City or Town, State)

32a. CERTIFIER (check only one) X Certifying Physician (Physician certifying cause of death) To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner stated. ☐ Medical Examiner/Coroner or Health Officer On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

32b. CERTIFIER'S LICENSE NUMBER: 5162

33a. CERTIFICATION PHYSICIAN	I attended the deceased from: Month 10 Day 1 Year 75	33b. Month 12 Day 27 Year 89	33c. LAST SAW HIM/HER ALIVE ON Mo. Day Yr. 12/6/89	33d. I did/did not view the body after death. ☐ Did ☐ Did Not	33e. DEATH OCCURRED (HOUR) 1100 M. At the place, on the date and to the best of my knowledge, due to the cause(s) stated.
34a. CERTIFICATION-MEDICAL EXAMINER/ CORONER OR HEALTH OFFICER Hour of Death M.	34b. THIS DECEASED WAS PRONOUNCED DEAD Month Day Year Hour M.			34c. CERTIFIER-PHYSICIAN, MEDICAL EXAMINER/ CORONER OR HEALTH OFFICER (Type or Print Name)	J. T. Spencer, M.D.
35a. MAILING ADDRESS—CERTIFIER (Street or R.F.D. No., City or Town, State, Zip)	2660 10th Avenue South Birmingham, AL 35205	35c. CERTIFIER'S SIGNATURE		35d. DATE SIGNED (Month, Day, Year)	1/10/90
36. DISPOSITION OF BODY X Burial ☐ Removal ☐ Cremation ☐ Donation	37a. CEMETERY OR CREMATORY—Name	37b. LOCATION City or Town	State		
	ELMWOOD CEMETERY	BIRMINGHAM,	ALABAMA		
37c. DATE OF DISPOSITION Month, Day, Year: DECEMBER 29, 1989	37d. FUNERAL HOME—Name and Address (Street or R.F.D. No., City or Town, State, Zip) RIDOUT'S ELMWOOD CHAPEL 800 DENNISON AVE. S.W. BIRMINGHAM, ALABAMA 35211			37e. DATE SIGNED BY FUNERAL DIRECTOR: DEC. 29, 1989	
37f. FUNERAL DIRECTOR—Signature	Billy Graves	38a. REGISTRAR—Signature	Howard Garrett	38b. DATE RECEIVED BY LOCAL REGISTRAR: Jan. 19, 1990	

ADPH-F-VS-2/Rev. 6-88

05/[redacted]/1998-19126
12:32 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MCD
8.50

This is to certify that the above is a true and correct copy of a certificate as permanently recorded in the Bureau of Health Statistics and Vital Records, Jefferson County Department of Health, Birmingham, Alabama, and is issued under the provisions of Title 22-9-8, State Code of Alabama, 1977.

Felix E. Hartley
Registrar

Authorized Bureau Clerk

January 22, 1990
Date of Issue

Seal of Health Officer
Jefferson County, Alabama

IMPORTANT – This certificate void (a) without the embossed seal of the Health Officer of Jefferson County, Alabama, (b) if it contains evidence of erasures or alterations.