

Arkansas

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ARKANSAS DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
LITTLE ROCK, ARKANSAS 72201

NO RECORD DEATH CERTIFICATION

Robert Earl Woodham
2263 Coronet Way N.W., Apt.X-7
Atlanta, GA. 30318

DATE October 26, 1977
NAME OF DECEASED William (Bill) Sherman Woodham
DATE OF DEATH 1944 thru 1948
COUNTY Cross
SEARCH FEE PAID 59706-\$3.00 mp

This letter is to certify that a thorough search of the death records revealed that the certificate of the above-named individual was NOT FOUND.

If you planned to use the death certificate to obtain Social Security benefits, veterans benefits, etc., you should take this letter to the proper agency and ask them what evidence is acceptable as proof of death.

It is possible for you to file a delayed death certificate with the Arkansas Division of Vital Records. If you wish to do so, please check the bottom part of this letter and return the entire letter within 90 days.

We suggest you keep this letter if you do not plan to file a delayed death certificate.

Your fee is being retained in our files to cover record search charges.

Sincerely yours,

DIVISION OF VITAL RECORDS

Ruth A. Bizzell
Ruth A. Bizzell, Supervisor
Record Indices Searching Unit

I wish to file a delayed certificate; please send me the proper forms.

Florida

LOUISIANA STATE DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH STATISTICS

CERTIFICATE OF DEATH

STATE NO. 518.995.

1. Name of Deceased: **Woodham, Joseph Christopher**
 2. Sex: **Male**
 3. Date of Birth: **10-27-1858**
 4. Race: **White**
 5. Age at Death: **86**
 6. Date of Death: **1-16-1945**
 7. Time of Death: **5:30 A.M.**
 8. Place of Death: **Home**
 9. Cause of Death: **Emphysema (Chronic) Periodic 5**
 10. Occupation: **Farmer**
 11. Industry or Business: **None**
 12. Social Security Number: **770**
 13. If veteran name war: **No**
 14. City or Town: **Port-Neuf**
 15. Parish and Word No.: **Parish 5**
 16. Length of Stay in this Community: **700**
 17. Name of Hospital or Institution: **None**
 18. Length of Stay in Hospital or Institution: **None**
 19. City or Town: **Port-Neuf**
 20. Parish and Word No.: **Parish 5**
 21. State: **La.**
 22. Street Address: **Hampton**
 23. Is deceased a citizen of a foreign country? **No**
 24. Name of Father: **Christopher Woodham**
 25. Birthplace of Father: **Alabama**
 26. Name of Mother: **Williamie Wiley**
 27. Birthplace of Mother: **Alabama**
 28. Immediate Cause of Death: **Emphysema**
 29. Date of Signature: **1-16-1945**
 30. Signature: **W. J. Taylor**
 31. Duration: **None**
 32. Major Findings of Operations: **Yarocella**
 33. Duration: **None**
 34. Major Findings of Autopsy: **None**
 35. Duration: **None**
 36. Date of Occurrence: **1-16-1945**
 37. Where did injury occur? **Home**
 38. Did injury occur in or about home, on farm, in industrial or public place? **No**
 39. Did injury occur at work? **No**
 40. Means of Injury: **None**
 41. I certify that I attended the deceased, and that death occurred on the date and hour stated above.
 42. Signature of Physician: **W. J. Taylor**
 43. Date of Signature: **1-17-45**
 44. Place of Burial or Cremation: **Home**
 45. Signature of Undertaker: **W. J. Taylor**
 46. Date of Burial: **1-17-45**
 47. Signature of Registrar: **W. J. Taylor**
 48. Date of Issue: **1-16/45**
 49. Burial Permit Number: **54**
 50. Date of Issue: **1-16/45**

I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF A CERTIFICATE REGISTERED WITH THE LOUISIANA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, OFFICE OF HEALTH SERVICES AND ENVIRONMENTAL QUALITY, STATE REGISTRAR OF VITAL RECORDS.

W. J. Taylor
STATE HEALTH OFFICER
STATE REGISTRAR

601 6 1977

CERTIFIED
VALID ONLY IF STATE SEAL AND SIGNATURE
OF STATE REGISTRAR ARE IMPRINTED HEREON



VALID ONLY
IF PRINTED IN
MULTICOLOR

SEP-1-1977

THE ABOVE IS AN
EXACT COPY OF THE
ORIGINAL RECORD
FILED IN THE BUREAU
OF VITAL STATISTICS
ALABAMA
DEPARTMENT OF HEALTH
MONTGOMERY, ALA.

Forrest E. Ludden
STATE REGISTRAR

CERTIFICATE OF DEATH

STATE OF ALABAMA—BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

File No. for State
Registration Only
5210

1 PLACE OF DEATH
County Stak Co Registration District No 23-5809 Registered No 3
Town or City of _____ No _____ St _____ Ward _____

2 FULL NAME James Woodham
(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence, No _____ St _____ Ward _____
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
(Write the word)

6 If married, widowed, or divorced
HUSBAND of Martha Woodham
(or) WIFE of _____

7 DATE OF BIRTH (month, day, and year) 7/17/49

8 AGE
Years 26 Months _____ Days _____ If LESS than 1 day _____ hrs. _____ min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) Food
(c) Name of employer _____

10 BIRTHPLACE (city or town) Newton
(State or country) Ala

11 NAME OF FATHER Aris Woodham

12 BIRTHPLACE OF FATHER (city or town) _____
(State or country) South Carolina

13 MAIDEN NAME OF MOTHER Carey Riley

14 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) unknown

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 10 1925 to 2/12 1925
that I last saw him alive on 2/10 1925
and that death occurred, on the date stated above, at 110 P
The CAUSE OF DEATH* was as follows:
influenza

18 Where was disease contracted _____
If not at place of death? _____

19 Did an operation precede death? _____ Date of _____

20 Was there an autopsy? _____

What test confirmed diagnosis? _____
(Signed) R. P. ... M. D.
(Address) 327 T. ...

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional information.)

19 PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL
Mount Carmel Church, Feb 13, 1925

20 UNDERTAKER L. H. Head ADDRESS Opal ...

Informant (Address) _____
Filed Feb 13, 1925 John W. ... Registrar

HILLARY REDDEN WOODHAM

(Middle name may have been Reddick; his name is corrupted on this death certificate as "Herlhum Redman" by his son in law, Grover Williams)

THE ABOVE IS AN EXACT COPY OF THE ORIGINAL RECORD FILED IN THE BUREAU OF VITAL STATISTICS ALABAMA DEPARTMENT OF HEALTH MONTGOMERY, ALA.

AUG. 31. 1979

Handwritten signature

For County Use

CERTIFICATE OF DEATH
STATE OF ALABAMA—BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

File No. for State Registrar Only.
12909

1. Place of Death
County Covington Reg. District or Beat No. 202000 Certificate No.
City or Town Andalusia Street or RFD No. 6 Street
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
1a. Place of Residence: State Ala Length of residence where death occurred 50 yrs. 0 mos. 0 days
County Covington Beat 202000
City or Town Andalusia R.F.D. No. 6 Street

2. FULL NAME Bartholomew Redman Woodham 350

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race W
5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Woodham
7. DATE OF BIRTH (month, day, and year) 1863
8. AGE Years 74 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
11. Date deceased last worked at this occupation (month and year) 0
12. Total time (years) spent in this occupation 0
13. BIRTHPLACE (city or town) (State or country) Walden
14. NAME Oris Woodham
15. BIRTHPLACE (city or town) (State or country) S.C.
16. MAIDEN NAME Not known
17. BIRTHPLACE (city or town) (State or country) not known
18. INFORMANT (Address) Harvey Williams Andalusia, ALA
19. BURIAL, CREMATION, OR REMOVAL Place Harvey Church Date 2-19 1938
20. UNDERTAKER (Address) Patrick Andalusia, Ala
21. FILED 6 1938 193 Harold V. Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-18, 1938
22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1938 to 2-18, 1938
I last saw him alive on 2-18, 1938, death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance in order of onset were as follows:
Bronchopneumonia Date of onset 75-10-74
Contributory causes of importance not related to principal cause Cardiovascular disease
Was an operation performed? No Date of
For what disease or injury? Obesity
What test confirmed diagnosis Obesity Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury? , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) H. Williams M. D.
19 (Address) Andalusia, Ala

Bureau of Vital Statistics, State of Alabama, Department of Public Health, Montgomery, AL, and have caused the official seal of the Bureau of Vital Statistics to be affixed.

Forest E. Ludden, Ed.
Forest E. Ludden, Ed.D., State Registrar

April 19, 1984

Department of Commerce
Bureau of the Census

8329

CERTIFICATE OF DEATH
STATE OF ALABAMA—BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

Reg. District No. 230800 Certificate No. 35
To be filled out by local registrar

1. PLACE OF DEATH: Do Not Write Here
2308009
 County Dale Beat No. 8
 City or Town Russell
 (If outside corporate limits of city or town write RURAL)
 Street address _____
 (If in hospital or institution, give name only)
 Length of stay in place of death _____
 (Specify in years, months and days)
 Do Not Write Here
2308000

2. USUAL RESIDENCE OF DECEASED
 (For newborn infants give residence of mother)
 State Ala
 County Dale Beat No. 8
 City or Town Midland City
 (If outside corporate limits of city or town write RURAL)
 Street address RT 2
 (If rural, give R. F. D. and Box No.) 1512

3. FULL NAME OF DECEASED
Linnie Thompson
 Sex Female 4. White or colored race? White
 Social Security Number _____ 7. (a) Single, married, widowed or divorced? Married

8. (b) If married, widowed or divorced, give name and age of husband or wife Jim Thompson Yrs. _____
 (Name) _____ Age if alive _____

9. Date of birth of deceased Oct 24 1905
 (Month by name) (Day) (Year)

10. AGE: Years _____ Months _____ Days _____ If less than one day
36 hrs. _____ min.

11. Birthplace Dale Ala
 (City, town or county) (State or foreign country)

12. Usual occupation Housewife 13. Industry or business _____

FATHER Full Name Stephen Woodham
 14. Birthplace Ala
 (City, town or county) (State or foreign country)

MOTHER Full Name Huldie Hobbs
 15. Birthplace Ala
 (City, town or county) (State or foreign country)

17. MEDICAL CERTIFICATION
 Date of death April 7 19 41
 (Month by name) (Day) (Year)
 Immediate cause of death acute nephritis
puerperal
1488 death after delivery
 Due to _____
 Due to _____
 Other important conditions not causally related to immediate cause _____
 Name of operation _____
 Date of operation _____
 Major findings of operation: _____
 of autopsy _____
 Attention Physician: Please underline the primary cause to which you believe this death should be charged

If woman, indicate pregnancy within 3 months of death yes (Yes or No)
 I hereby certify that I attended the deceased from 4-3-1941 to 4-7-1941
 that I last saw him alive on 4-7-41, 19 _____;
 and that death occurred at 6:15 P. M. on the date stated above from causes given.
 Attendant's own signature W. Parrish M. D.

Date signed 4-9-41 19 _____
 Address Midland City Ala
 _____, Coroner

18. VIOLENCE: If death was due to external causes, fill in following: Accident, suicide or homicide (specify) _____
 Date of occurrence _____ (Month by name) (Day) (Year)
 Where did injury occur? _____ (Name of State)
 _____ (City or town) _____ (County) _____ (Beat No.)

Describe how injury occurred _____

CERTIFICATION OF PERSON IN CHARGE OF BODY
 Burial, removal, cremation Cedar Grove Date thereof April 8 1941 Place of burial or cremation Dale Ala
 (Month by name) Day Year City or Town County State

I certify that I am the person who was in charge of the body of the above decedent. The information was given by _____
 said to be related to the decedent as Husband whose address Midland City Rt. 2
 Signature of person in charge of body W. R. Williams Date signed April 8 19 41
 (Month by name) (Day) (Year)

20. Received May 5 19 41 Permit Issued _____ 19 _____ Registrar's own signature Mrs. J. W. Marshall
 STATEMENT OF REGISTRAR
 This certificate must be filed with local registrar within 72 hours after death

I, Forest E. Ludden, Ed.D., State Registrar of Vital Statistics, certify this is a true and exact copy of the original certificate filed in the Bureau of Vital Statistics, State of Alabama, Department of Public Health, Montgomery, AL, and have caused the official seal of the Bureau of Vital Statistics to be affixed.

Forest E. Ludden, Ed.D.
 Forest E. Ludden, Ed.D., State Registrar
 April 18, 1984

CERTIFICATE OF DEATH
STATE OF ALABAMA

13208

1. PLACE OF DEATH a. County <i>Male 23000</i> b. Beat No. <i>9</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. State <i>Ala 23000</i> b. County <i>Male</i>	
c. City (If outside city or town limits, write RURAL) Or <i>Rural</i> d. Length of Stay (in this place)		c. City (If outside city or town limits, write RURAL) Or <i>Rural</i> d. Beat No. <i>9</i>	
e. Full Name of (If not in hospital or institution, give street address Hospital Or Institution) <i>Medland City RTT</i>		d. Street Address (If rural give location) <i>Medland City RTT</i>	
f. Name Of DECEASED Type or Print) a. (First) <i>JAMES</i> b. (Middle) <i>HENRY</i> c. (Last) <i>THOMPSON</i>		f. Date (Month) (Day) (Year) Of Death <i>4-14-49</i>	
g. Sex <i>Male</i>	h. Color or Race <i>White</i>	7. Married, Never Married, Widowed, Divorced (Specify) <i>Widowed</i>	8. Date of Birth <i>60</i>
9. Age (In years last birthday) <i>60</i>		10. Kind of Business or Industry	11. Birthplace (State or foreign country) <i>Ala</i>
12. Usual Occupation (Give kind of work one during most of working life, even retired) <i>Farmer</i>		12. Citizen of What Country? <i>U.S.</i>	
13. Father's Name <i>John Thompson</i>		14. Mother's Maiden Name	
15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service)		16. Social Security No.	
17. INFORMANT'S NAME AND ADDRESS <i>Stell Richardson, M.D. RTT</i>			
Cause of Death Enter only one use per line for 18, (b), and (c)		MEDICAL CERTIFICATION	
I. Disease or Condition Directly Leading to Death* (a) <i>Heart attack</i>		Interval Between Onset and Death	
Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due To (b) <i>434X</i>			
II. Other Significant Conditions Conditions contributing to death but not related to the disease or condition causing death. Due To (c)			
19a. Date of Operation		19b. Major Findings of Operation	
20. Autopsy? Yes [] No []			
18. Accident (Specify) <i>Side, Homicide</i>		21b. Place of Injury (home, farm, factory, street, office bldg., etc.)	
21c. (City, Town, or Rural) (County) (State)			
Time (Month) (Day) (Year) (Hour) (Minute)		21e. Injury Occurred While at Work [] Not While at Work []	
21f. How Did Injury Occur?			
I hereby certify that I attended the deceased from <i>18</i> to <i>18</i> , that I last saw the deceased on <i>April 14, 1949</i> , and that death occurred at <i>5:30 p.m.</i> from the causes and on the date stated above.			
SIGNATURE <i>Tom Hoyle</i> (Degree or title) <i>Coroner</i>		23b. Address <i>Ozark, Ala</i>	
23c. Date Signed <i>4/14/49</i>			
24. Name of Cemetery or Crematory <i>Medland</i>		24d. Location (City, town, or county) (State) <i>Male Co. Ala</i>	
25. Registrar's Signature <i>mm H.P. Rife</i>		25. Funeral Director <i>Crane Mortuary, Prichard Ala</i>	



**STATE OF ALABAMA
CERTIFICATE OF DEATH**

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK

DECEASED - NAME FIRST MIDDLE LAST LONNIE W. WOODHAM		DATE OF DEATH (MONTH, DAY, YEAR) August 3, 1980
RACE OF COLOR White	SEX M	AGE—LAST BIRTHDAY (YEARS) 79
CITY, TOWN, OR LOCATION OF DEATH Newton		COUNTY OF DEATH Houston
STATE OF BIRTH (IF NOT STATE OF ALA. NAME) Alabama		CITIZEN OF WHAT COUNTRY USA
SOCIAL SECURITY NUMBER 418-34-2387		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MONTH OF WORKING LIFE, EVEN IF RETIRED) Farming
RESIDENCE—STATE Alabama		COUNTY Houston
CITY, TOWN, OR LOCATION Newton		STREET AND NUMBER Route One
FATHER—NAME FIRST MIDDLE LAST Ira Woodham		MOTHER—MAIDEN NAME Millie Engfinger
PHYSICIAN'S NAME (IF ANY) Jack Still, Coroner		INFORMANT—NAME Mrs. Clara K. Woodham, wife
173 ADDRESS 309 E. Selma, Dothan, Al.		174 ADDRESS Route One Box 85, Newton, Alabama
16 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE IF MORE THAN ONE)		
IMMEDIATE CAUSE (1) Normal Cause		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (2) STATING THE UNDERLYING CAUSE LAST		
18 OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH (NOT TO BE RELATED TO CAUSE GIVEN IN PART 16)		
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY (AT HOME, FARM, STREET, CAUTION, OR OTHER BUILDING, ETC.) (SPECIFY)
CERTIFICATION—PHYSICIAN (1) ATTENDED THE DECEASED FROM		TO (2) DECEASED FROM
CERTIFICATION—CORONER OR HEALTH OFFICER: On the basis of the examination of the body and of the investigation, in my opinion death occurred on the date and due to the cause(s) stated.		HEAD OF DEATH
CERTIFIER—PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT) Jack Still, Coroner		SIGNATURE <i>Jack Still</i>
MAILING ADDRESS—CERTIFIER 309 E. Selma St., Dothan, Alabama 36301		DATE SIGNED Aug 13-80
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME
DATE 8-5-80		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY AND TOWN, STATE, ZIP)
REGISTRAR—SIGNATURE <i>Cary Watkins</i>		DATE RECEIVED BY LOCAL REGISTRAR August 14, 1980

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

PARENTS

CAUSE

IF NO PHYSICIAN WAS IN ATTENDANCE MEDICAL CERTIFICATION SHOULD BE COMPLETED BY THE LOCAL HEALTH OFFICER, OR CORONER

CERTIFIER

BURIAL

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH CERTIFICATE FILED IN OUR OFFICE.

HOUSTON COUNTY HEALTH DEPARTMENT

James B. Stapleton
James B. Stapleton, M.D.
County Health Officer

1 PLACE OF DEATH
 County Madison
 Village Madison
 City Madison

2 FULL NAME
 (a) Residence Madison
 Length of residence in city or town where death occurred 1 year, 1 month, 3 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
 4 COLOR White
 5 MARRIAGE Married
 6 DATE OF BIRTH 81 years, 11 months, 11 days

7 AGE 81 years, 11 months, 11 days

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Lawyer
 (b) General nature of industry, business, or profession in which he was employed operating saw mill
 (c) Name of employer None

9 BIRTHPLACE (city or town, state or country) Big County, Alabama

10 NAME OF FATHER (city or town, state or country) Reuben Madison

11 BIRTHPLACE OF FATHER (state or country) South Carolina

12 MARRIAGE NAME OF MOTHER Rebecca

13 BIRTHPLACE OF MOTHER (city or town, state or country) Alabama

14 Informant (Address) Miss. Home record, Beaumont Miss.

15 Filed 4/11 1923 at Madison REGISTERED

16 REGISTRATION DISTRICT NO. 1 FILE NO. 1023

17 PRIMARY REGISTRATION DIST. NO. 1 REG. NO. 1023

18 HOSPITAL OR INSTITUTION, GIVE THE NAME (number of street and number), Ward Madison

19 CAUSE OF DEATH (month, day, and year) Feb. 25 - 1923

20 I HEREBY CERTIFY, THAT I attended the deceased from Feb. 22 - 1923 to March 25 - 1923 that I last saw him alive on March 25 - 1923 and that death occurred on the date stated above, at 67 m. The CAUSE OF DEATH was as follows:
Chronic Hypertension

21 Where this disease contracted Not at place of death
 Had an operation precede death? No
 Was there an autopsy? No
 What test confirmed diagnosis? Examination of lymphatics
 (Signed) Dr. J. D. ...
 Address, 1023 (Address) Beaumont Miss.

22 State the Disease Considered Death or its death from (check one):
 (1) Sudden (2) Gradual (3) Sudden (4) Gradual (5) Sudden (6) Gradual
 (State reverse side for additional space)

23 Date of burial March 25, 1923

24 DECEASED'S ADDRESS Beaumont Miss.

25 REGISTERED ADDRESS Beaumont Miss.

MARGIN RESERVED FOR PRINTING

Form V. R. No. 1, 1917-18

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

MISSISSIPPI STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

CERTIFIED

VALID ONLY IF STATE SEAL AND SIGNATURE
OF STATE REGISTRAR ARE IMPRINTED HEREON



SEP-1937

VALID ONLY
IF PRINTED IN
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ALABAMA
DEPARTMENT OF HEALTH
MONTGOMERY, ALA.

Forest E. Ludden
STATE REGISTRAR

CERTIFICATE OF DEATH
STATE OF ALABAMA - BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

For County Use: 2332

File No. for State Registrar Only: 21015

PLACE OF DEATH: Dale County Dale Beat No. 14 Reg. District No. 231400 Certificate No. 26

City or Town: Ozark No. Street

R.F.D. 3 (If death occurred in a hospital or institution, give its NAME instead of street and number)

PLACE OF RESIDENCE: State Length of residence where death occurred 5 yrs. 0 mos. 0 days

(Usual place of abode) County Dale Beat 14 City or Town Ozark No. Street

R.F.D. 3

FULL NAME Jasper R. Woodham

PERSONAL AND STATISTICAL PARTICULARS

SEX: male 4. Color or Race: white 5. Single, Married, Widowed, or Divorced: Widow

If married, widowed, or divorced HUSBAND of (or WIFE of) Laura Woodham

DATE OF BIRTH (month, day, and year) AGE: 73 Years Months Days If LESS than 1 day: hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dale Co. (State or country) Ala.

13. NAME C. C. Woodham

14. BIRTHPLACE (city or town) Ala. (State or country) Ala.

15. MAIDEN NAME Joe Ann Riley

16. BIRTHPLACE (city or town) Dale Co. (State or country) Ala.

INFORMANT: Laura Mae Woodham (Address)

BURIAL, CREMATION, OR REMOVAL: Place Ewell Date Oct. 1 1936

SIGNATURE OF UNDERTAKER: Holman Funeral Home (Address) Ozark, Ala.

Filed Oct. 2 1936 by Mrs. M. O. Grace Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 30 1936

I HEREBY CERTIFY That I attended deceased from Aug. 26 1936 to Sept. 30 1936

I last saw him alive on Sept. 30 1936 death is said to have occurred on the date stated above, at 1:30p m.

THE PRINCIPAL CAUSE OF DEATH and RELATED CAUSES of importance in order of onset were as follows: Pericardial Aneurysm

Duration of Condition	Yrs.	Mo.	Da.

CONTRIBUTORY CAUSES of importance NOT RELATED to principal cause:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury? 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

(Signed) W. A. Parson M. D. 1936 (Address) Montgomery, Ala.

Burial or Transit: Date of Issue:

CERTIFIED

VALID ONLY IF STATE SEAL AND SIGNATURE
OF STATE REGISTRAR ARE IMPRINTED HEREON



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IF PRINTED IN
MULTICOLOR

SEP-1-1977

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ALABAMA
DEPARTMENT OF HEALTH
MONTGOMERY, ALA.

Forest E. Ludden
STATE REGISTRAR

For County Use		STATE OF ALABAMA—BUREAU OF VITAL STATISTICS		File No. for State Registrar Only			
Address		STATE BOARD OF HEALTH		28427			
PLACE OF DEATH		County: <u>Houston</u>		Reg. District No. <u>8</u> Certificate No. <u>1178</u>			
City or Town: <u>Dothan</u>		Beat No. <u>9</u>		To Be Inserted By Registrar			
R.F.D. <u>4</u>		No. of town or city street		Street			
PLACE OF RESIDENCE: State <u>Ala.</u>		Length of residence where death occurred		yrs. mos. days			
County: <u>Houston</u>		Beat <u>9</u>		City or Town: <u>Dothan</u>			
City or Town: <u>Dothan</u>		No. of town or city street		Street			
R.F.D. <u>4</u>		No. of town or city street		Street			
FULL NAME: <u>John Edward Woodham</u>		No. of town or city street		Street			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
1. SEX: <u>Male</u>		4. Color or Race: <u>White</u>		21. DATE OF DEATH (month, day, and year): <u>Dec. 22, 1937</u>			
2. Single, Married, Widowed, or Divorced: <u>Married</u>		5. Single, Married, Widowed, or Divorced: <u>Married</u>		22. I HEREBY CERTIFY that I attended deceased from <u>11/28</u> to <u>12/12</u> 19 <u>37</u>			
3. If married, widowed, or divorced, name of HUSBAND or WIFE: <u>Mrs. J. E. Woodham</u>		6. Single, Married, Widowed, or Divorced: <u>Married</u>		I last saw him alive on <u>12/12</u> 19 <u>37</u> , death is said			
7. DATE OF BIRTH (month, day, and year): <u>June 11</u>		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: <u>Farmer</u>		to have occurred on the date stated above, at the place stated above.			
9. AGE: <u>36</u> years, <u>0</u> months, <u>0</u> days		10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: <u>Farmer</u>		The PRINCIPAL CAUSE OF DEATH and RELATED CAUSES of importance in order of onset were as follows: <u>myocardial infarction</u>			
11. Date deceased last worked at this occupation (month and year):		12. Total time (years) spent in this occupation:		Duration of Condition: Yrs. Mo. Da. <u>16</u> <u>7</u> <u>13</u>			
13. BIRTHPLACE (city or town) (State or country): <u>Deale Co.</u>		14. BIRTHPLACE (city or town) (State or country): <u>Ala.</u>		CONTRIBUTORY CAUSES of importance NOT RELATED to principal cause:			
15. MAIDEN NAME: <u>Covis Riley</u>		16. BIRTHPLACE (city or town) (State or country): <u>Ala.</u>		Was an operation performed? <u>No</u> Date of: _____			
17. INFORMANT: <u>Mrs. Annie Smith</u> (Address): <u>Dothan #4</u>		18. BIRTHPLACE (city or town) (State or country): <u>Ala.</u>		For what disease or injury? _____			
19. BURIAL, CREMATION, OR REMOVAL: Place <u>Kinsey</u> Date <u>Dec. 24</u>		19. BIRTHPLACE (city or town) (State or country): <u>Ala.</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____			
20. SIGNATURE OF UNDERTAKER: <u>J. D. Jarvis</u> (Address): _____		20. BIRTHPLACE (city or town) (State or country): <u>Ala.</u>		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury? _____			
21. File # <u>12-23</u> 19 <u>37</u>		21. BIRTHPLACE (city or town) (State or country): <u>Ala.</u>		Where did injury occur? (Specify city or town, county, and State) _____			
22. Burial or Transit Permit Issued by _____		22. BIRTHPLACE (city or town) (State or country): <u>Ala.</u>		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE _____			
23. Date of Issue _____		23. BIRTHPLACE (city or town) (State or country): <u>Ala.</u>		Manner of injury _____			
24. _____		24. BIRTHPLACE (city or town) (State or country): <u>Ala.</u>		Nature of injury _____			
25. _____		25. BIRTHPLACE (city or town) (State or country): <u>Ala.</u>		24. Was disease or injury in any way related to occupation of deceased? _____			
26. _____		26. BIRTHPLACE (city or town) (State or country): <u>Ala.</u>		If so, specify _____			
27. _____		27. BIRTHPLACE (city or town) (State or country): <u>Ala.</u>		(Signed) <u>B. L. Walker</u> M. D.			
28. _____		28. BIRTHPLACE (city or town) (State or country): <u>Ala.</u>		19 _____ (Address) <u>Dothan Ala</u>			

CERTIFIED
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 OF STATE REGISTRAR ARE IMPRINTED HEREON



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SEP-1977

THE ABOVE IS AN
 EXACT COPY OF THE
 ORIGINAL RECORD
 FILED IN THE BUREAU
 OF VITAL STATISTICS
 ALABAMA
 DEPARTMENT OF HEALTH
 MONTGOMERY, ALA.

Frank E. Ludden
 STATE REGISTRAR

CERTIFICATE OF DEATH
 STATE OF ALABAMA—BUREAU OF VITAL STATISTICS
 STATE BOARD OF HEALTH

File No. for State Registrar Only
22834

1. PLACE OF DEATH: County Dale Reg. District or Beat No. 22004 Certificate No. 27
 2. City or Town: Dothan Street or R. F. D. Rt 15 Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

3. FULL NAME: John F Woodham
 (a) Residence, No. Dothan Street or R. F. D. Rt 15 Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX: Male
 4. Color or Race: White
 5. Single, Married, Widowed, or Divorced: Married (Write the word)

6. If married, widowed, or divorced: HUSBAND of Lucey Woodham

7. DATE OF BIRTH (month, day, and year): 60
 8. AGE: 60 Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. _____ min.

9. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Farmer
 Industry or business in which work was done, as silk mill, paper mill, bank, etc.: Wiggins Farm

10. Date deceased last worked at this occupation (month and year): _____ Total time (years) spent in this occupation: Life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 9-30-30

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____
 I last saw him alive on _____ death is said to have occurred on the date stated above, at 9:30 A
 The principal cause of death and related causes of importance in order of onset were as follows: 167 Suicide Gunshot
 Date of onset: 11-30-29

Contributory causes of importance not related to principal cause: 7-7-30

12. BIRTHPLACE (city or town) and State or country: Dale Co. Ala

13. NAME: John W Woodham

14. BIRTHPLACE (city or town) and State or country: Ala.

15. MAIDEN NAME: Sallie Ward

16. BIRTHPLACE (city or town) and State or country: Ala.

17. INFORMANT: Earlie Woodham (Son)
 (Address) North Co. Rt 5

18. BURIAL, CREMATION, OR REMOVAL: _____ Date: 10/1/30

19. UNDERTAKER: HOLMAN FURN. CO.
 (Address) _____

Name of operation: _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury: _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: _____
 Nature of injury: _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify: _____

(Signed) A. N. Holman Registrar
9/30 1930 (Address) Dothan

*State the disease causing death; see other side for further instructions.

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SEP-1-1917

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MONTGOMERY, ALA.

Forest E. Ludden
STATE REGISTRAR

County Use

CERTIFICATE OF DEATH

STATE OF ALABAMA—BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

File No. for State
Registrar Only
22834

PLACE OF DEATH: Dothan Reg. District or Beat No. 2200 Certificate No. 27
County: Dale Street or R. F. D. RT#5 Ward
Name of Deceased: John F. Woodham
Residence No. Dothan Street or R. F. D. RT#5 Ward
(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX: Male
2. Color or Race: White
3. Single, Married, Widowed, or Divorced: Married
4. Name of Spouse: Lucey Woodham
5. DATE OF BIRTH (month, day, and year):
6. AGE (Years, Months, Days, or LESS than 1 day, hrs. or min.): 60
7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmhand
8. Industry or business in which work was done, as silk mill, glass, mill, bank, etc.: Wagon Farm
9. Date deceased last worked at this occupation (month and year):
10. Total time (years) spent in this occupation: Life

MEDICAL CERTIFICATE OF DEATH

11. DATE OF DEATH (month, day, and year): 9-20-1930
12. I HEREBY CERTIFY that I attended deceased from 9/30/30 to 9/30/30
13. I last saw him alive on 9/16/30 death is said to have occurred on the date stated above, at 9:30 A.M.
14. The principal cause of death and related causes of importance in order of onset were as follows: 167 Suicide Gunshot
15. Contributory causes of importance not related to principal cause:
16. Name of operation: Date of:
17. What test confirmed diagnosis? Was there an autopsy?
18. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
19. Manner of injury:
20. Nature of injury:
21. Was disease or injury in any way related to occupation of deceased?
If so, specify:

17. NAME - John W. Woodham
18. BIRTHPLACE (city or town) Ala.
(State or country)
19. MAIDEN NAME Sallie Ward
20. BIRTHPLACE (city or town) Ala.
(State or country)
21. INFORMANT Earlie Woodham (Son)
(Address) Dothan, RT#5
22. BURIAL, CREMATION, OR REMOVAL
Date 10/1/30
23. UNDERTAKER HOLMAN FURN. CO.
(Address)
24. REGISTERED 4 1930 McGonard
Registrar

(Signed) A. T. Holman
9/30 1930 (Address)
Registrar

*State the disease causing death; see other side for further instructions.

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DEPARTMENT OF HEALTH
MONTGOMERY, ALA.

Francis E. Sudden
STATE REGISTRAR

DEPARTMENT OF COMMERCE
Bureau of the Census

Standard Certificate of Death

State File No. **9007**

STATE OF ALABAMA

Registrar's No.

1. PLACE OF DEATH:

County Bibb 0401000 Beat No. 1A
City or Town R#2 West Blocton
(If outside corporate limits of city or town write RURAL)
Street address (Hebron Community)
(If in hospital or institution, give name only)
Length of stay in place of death 70 years
(Specify in years, months and days)

2. USUAL RESIDENCE OF DECEASED

0401000
State Alabama
County Bibb Beat No. 1A
City or Town West Blocton
(If outside corporate limits of city or town write RURAL)
Street address R#2
(If rural, give R. F. D. and Box No.)

3. (a) FULL NAME

John Ira Woodham 350

3. (b) If veteran,
name war J

3. (c) Social Security
No. _____

4. Sex

M

5. Color or Race

W

6. (a) Single, widowed, married, divorced
Married

7. (b) Name of husband or wife

Alice Woodham

7. (c) Age of husband or wife if alive
68 years

7. Birth date of deceased

July 12 1870

8. AGE:

77 Years

10 Months

13 Days

hr. min.

8. Birthplace

Clanton, Ala.

10. Usual occupation

Farmer (retired)

11. Industry or business

General

12. Name

William Woodham

13. Birthplace

(Shelby) Alabama

14. Maiden name

Eloise

15. Birthplace

(City, town, or county) (State or foreign country)

16. Informant's signature

Jennie Scauto

17. Address

West Blocton R#2

18. Name of Undertaker

William Bennett

19. Address

West Blocton Ala

19. (a) Date received

Jan 5 1978

(b) Registrar's signature

(Signature)

MEDICAL CERTIFICATION

20. Date of death: Month May day 25 year 1948

21. I hereby certify that I attended the deceased from
Feb 25 1948 to May 24 1948

that I last saw him alive on May 22 1948
and that death occurred on the date stated above
at 12:15 A.M.

Immediate cause of death Resurgent
Cerebral hemorrhage

Due to Hypertensive Cardiovascular Renal disease

Other conditions (retained wife)
(include pregnancy within 6 months of death)

Name of operation _____
Date of operation _____
MAJOR FINDINGS: 131a
(On autopsy)

At autopsy 83a

Duration		
Yrs	Mo	Da
		<u>7</u>

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. E. Montgomery (As to other) _____

Address Belle Haven Date Signed 5/25/48

MOTHER FATHER

STATE OF ALABAMA
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE OR PRINT IN
PERMANENT INK

LOCAL RESIDENCE
IF DECEASED
ED. IF DEATH
URRED IN
TITUTION, GIVE
IDENCE BEFORE
MISSION.

DECEASED—NAME FIRST: Tessie MIDDLE: Inez LAST: Woodham HUNDLEY			DATE OF DEATH (MONTH, DAY, YEAR) February 6, 1982		
RACE OR COLOR 3. White		SEX 4. F	AGE—LAST BIRTHDAY (YEARS) 5a. 83	UNDER 1 YEAR 5b. MOS.	UNDER 1 DAY 5c. HOURS MIN.
CITY, TOWN, OR LOCATION OF DEATH 7b. Dothan			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Southeast Alabama Medical Center		
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) 8. Alabama		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed	
SOCIAL SECURITY NUMBER 12. 424 54 4162		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Housewife		KIND OF BUSINESS OR INDUSTRY 13b. Homemaker	
RESIDENCE—STATE 14a. Alabama		COUNTY 14b. Geneva	CITY, TOWN, OR LOCATION 14c. Hartford		STREET AND NUMBER 14d. Route 2 Box 184
FATHER—NAME 15. John Tolbert Woodham			MOTHER—MAIDEN NAME 16. Nancy Dean		
PHYSICIAN'S NAME (IF ANY) 17a. Sam Jones, MD 1912 Fairview Avenue			INFORMANT—NAME 17b. Winnie Wertz - Daughter Route 1 Box 389, Cottonwood, Ala 36320		

MEDICAL
CERTIFICATION
NO PHYSICIAN
WAS IN
ATTENDANCE
MEDICAL
CERTIFICATION
SHOULD BE
COMPLETED
BY THE LOCAL
HEALTH
OFFICER, OR
CORONER

PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) Cardiopulmonary arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Cardiac insufficiency (c) Arteriosclerotic heart disease, triple vessel coronary disease and aortic stenosis.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 45 minutes
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a) Right middle cerebral artery occlusion with left hemiparesis.		3 years
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		WAS THERE A PREGNANCY IN LAST SIX MONTHS (YES, NO, UNK.) 19c.
DATE OF INJURY (MONTH, DAY, YEAR) 20b.		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 19b.
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 1 19 82 TO 2 2 82		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE M. CAUSE(S) STATED. 21b. 4:20A
CERTIFIER—PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT) 23a. Sam Jones, MD		DATE SIGNED (MONTH, DAY, YEAR) 23c. 2/11/82
MAILING ADDRESS—CERTIFIER 23d. 1912 Fairview Avenue		CITY OR TOWN 23e. Dothan
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		STATE 23f. Alabama
DATE (MONTH, DAY, YEAR) 24b. Feb. 8, 1982		ZIP 23g. 36301
FUNERAL HOME—NAME AND ADDRESS 24c. Ward-Wilson, Inc., P. O. Box 1146, Dothan, Al 36302		
FUNERAL DIRECTOR—SIGNATURE 25a. Harry E. Mills		REGISTRAR—SIGNATURE 25b. Frances W. Radney
		DATE RECEIVED BY LOCAL REGISTRAR 26b. March 5, 1982

STATE OF ALABAMA
COUNTY OF HOUSTON

NON-OFFICIAL RECORD

I HEREBY CERTIFY THAT THIS IS A NON-OFFICIAL COPY OF A RECORD RECEIVED BY THE HOUSTON COUNTY HEALTH DEPARTMENT AND TRANSMITTED TO THE STATE HEALTH DEPARTMENT; BUREAU OF VITAL STATISTICS; MONTGOMERY, ALABAMA.

SEAL:

DATE ISSUED: 3-5-82

ISSUED BY: Frances W. Radney
LOCAL REGISTRAR



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ALABAMA
DEPARTMENT OF HEALTH
MONTGOMERY, ALA.

Forest E. Sudden
STATE REGISTRAR

DEPARTMENT OF COMMERCE Bureau of the Census **Standard Certificate of Death** State File No. **24513**
STATE OF ALABAMA Registrar's No.

1. PLACE OF DEATH County <u>Dale</u> <u>220500</u> Beat No. <u>5</u> City or Town <u>Bural</u> (If outside corporate limits of city or town write RURAL) Street address _____ (If in hospital or institution, give name only) Length of stay in place of death _____ (Specify in years, months and days)		2. USUAL RESIDENCE OF DECEASED State <u>Ala</u> <u>2365000</u> County <u>Dale</u> Beat No. <u>5</u> City or Town <u>Oak</u> (If outside corporate limits of city or town write RURAL) Street address <u>1113</u> (If rural give R. F. D. and Box No.)	
3. (a) FULL NAME <u>John Woodham</u> <input type="checkbox"/> Foreign Born 3. (b) If veteran. <input type="checkbox"/> 3. (c) Social Security _____ name war _____ No. _____		MEDICAL CERTIFICATION	
4. Sex <u>Male</u> 5. Color or Race <u>white</u> 6. (a) Single, widowed, married, divorced <u>Widowed</u> 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ alive _____ years		20. Date of death: Month <u>Nov</u> , day <u>17</u> year <u>1946</u> 21. I hereby certify that I attended the deceased from <u>Nov 10</u> 19 <u>46</u> to <u>Nov 17</u> 19 <u>46</u> that I last saw him alive on _____ 19____ and that death occurred on the date stated above at <u>10:30 A</u> m.	
7. Birth date of deceased <u>Oct 21 1862</u> (Month) (Day) (Year)		Duration Yrs. Mo. Da	
8. AGE: Years <u>84</u> Months _____ Days _____ If less than one day _____ hr. _____ min.		Immediate cause of death <u>Ch Myocarditis</u> Due to <u>93d</u>	
9. Birthplace: <u>Ala</u> (City, town, or county) (State or foreign country)		Other conditions (Include pregnancy within 3 months of death) Name of operation _____ Date of operation _____ MAJOR FINDINGS: On operation _____ At autopsy _____	
10. Usual occupation <u>Farmer</u>			
11. Industry or business _____		PEYSICIAN Underline the cause to which death should be charged statistically.	
12. Name <u>John Woodham</u>		22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? (City or town) _____ (County) _____ (State) _____ (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____ (e) Means of injury _____	
13. Birthplace <u>Ala</u> (City, town, or county) (State or foreign country)			
14. Maiden name <u>Rebecca Barnes</u>			
15. Birthplace <u>Ala</u> (City, town, or county) (State or foreign country)		While at work? _____	
16. Informant's signature <u>M. M. Woodham</u> Address <u>Seneca Ala</u> <u>Bural</u> Date <u>11/18/46</u> (Burial, cremation, or removal) (Month) (Day) (Year)		23. Signature <u>H. D. Matthews</u> (M. D. or other) _____ Address <u>Oak Ala</u> Date Signed <u>11/18/46</u>	
17. Place: burial or cremation <u>Union</u>		(a) JUN 3 1947 (b) _____ (Date received and Registrar's signature)	
18. Name of Undertaker <u>Wilton Biffman</u> Address <u>Headland Ala</u>			

REGISTERED

VALID COPY OF ORIGINAL AND SIGNATURE REGISTERED HEREON



AUG 31 1979

THE ABOVE IS AN EXACT COPY OF THE ORIGINAL RECORD FILED IN THE BUREAU OF VITAL STATISTICS ALABAMA DEPARTMENT OF HEALTH MONTGOMERY, ALA.

The ...

CERTIFICATE OF DEATH

STATE OF ALABAMA—BUREAU OF VITAL STATISTICS STATE BOARD OF HEALTH

File No. for State Registrar Only 32026

1 PLACE OF DEATH: Coalington, Florala; 2 FULL NAME: Steas H Woodham; (a) Residence No: Florala Ala R T A; Length of residence in city or town where death occurred: yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M; 4 COLOR OR RACE: W; 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed; 6 DATE OF BIRTH: 86; 7 AGE: 86; 8 OCCUPATION OF DECEASED: Retired Farmer; 9 BIRTHPLACE: Henry County Ala; 10 NAME OF FATHER: Ares Woodham; 11 BIRTHPLACE OF FATHER: Henry County Ala; 12 MAIDEN NAME OF MOTHER: Betty Smith; 13 BIRTHPLACE OF MOTHER: Ala; 14 Informant: John Woodham; 15 Filed: Jan 10, 1979 by W D Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 12/16/68; 17 I HEREBY CERTIFY, That I attended deceased from 192 to 192; that I last saw him alive on 192; and that death occurred, on the date stated above, at ... The CAUSE OF DEATH was as follows: no doctor did with heart disease Dr. Doudey was last ... (duration) yrs. mos. ds.; CONTRIBUTORY (Secondary) \$ 7; 18 Where was disease contracted if not at place of death?; Did an operation precede death?; Was there an autopsy?; What test confirmed diagnosis? (Signed) Dr. Doudey was last M. D.; 19 (Address) Minto Joe Fla; 19 PLACE OF BURIAL, Cremation, or Removal: Oil Benson Dec 13 1979; 20 UNDERTAKER: Andalusia Ala; ADDRESS

**CERTIFICATE OF DEATH
STATE OF ALABAMA**

1. PLACE OF DEATH a. COUNTY Geneva		b. CITY, TOWN, OR LOCATION Hartford		3. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Alabama b. COUNTY Geneva	
2. NAME OF HOSPITAL OR INSTITUTION Rt. 2,		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION Hartford	
3. NAME OF DECEASED (Type or print) First Frank Middle Hampton Last Hundley		d. LENGTH OF STAY IN 1b 50 yrs.		d. STREET ADDRESS Rt. 2,	
4. DATE OF DEATH Month February Day 14 Year 1962		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 5-9-1893		9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Alabama	
13. FATHER'S NAME E. A. Hundley		14. MOTHER'S MAIDEN NAME Sarah Brooks		14a. NAME OF SURVIVING SPOUSE Mrs. Tessie Woodham Hundley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. W. W. I.		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME Mrs. Tessie W. Woodley Address Rt. 2, Hartford, Alabama	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) _____					19. INTERVAL BETWEEN ONSET AND DEATH
20a. (Probably) ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Thrown from tractor down embankment toward			
20c. TIME OF INJURY 2:00 P.M. 2-14-62		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office) Lane			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Rural Geneva		20g. COUNTY Geneva STATE Ala	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:00 P.M. on the date stated above; and to the best of my knowledge, from the causes state					
21a. SIGNATURE D. E. Howell		21b. ADDRESS Geneva, Alabama		21c. DATE SIGNED 2/19/62	
21d. SIGNATURE OF CORONER		21e. NAME OF CEMETERY OR CREMATORY Union Cemetery		21f. LOCATION (City, town, or county) (State) Geneva County, Alabama	
22. BURIAL CREMATION, REMOVAL (Specify) burial		22a. DATE 2-18-1962		22b. NAME OF FUNERAL DIRECTOR Ward-Wilson, Inc., Dothan, Alabama	
23. DATE REC'D. BY LOCAL REG.		24. REGISTRAR'S SIGNATURE			

THIS IS A LEGAL RECORD AND BE PERMANENTLY FILED

SEE OTHER SIDE

FILL IN WITH A

TYPEWRITER OR WRITE PLAINLY WITH DARK INK. DO NOT USE GREEN OR RED INK. LEGAL COPIES CANNOT BE MADE IF ENTRIES ARE DIM

ALL ITEMS MUST BE COMPLETE AND ACCURATE

IF NO DOCTOR WAS IN ATTENDANCE MEDICAL CERTIFICATION SHOULD BE COMPLETED BY THE LOCAL HEALTH OFFICER, OR CORONER IF HE IS A PHYSICIAN OR IF INQUEST WAS HELD

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OF DEATH FILED WITH THE GENEVA COUNTY HEALTH DEPARTMENT, GENEVA, ALABAMA.

WARD-WILSON, INC.,
DOTHAN, ALABAMA.
BY: May S. Jackson

STATE OF ALABAMA,
STATE AT LARGE.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 27 DAY OF Feb 1962
MY COMMISSION EXPIRES Oct 1962
R. J. Gamble
(NOTARY PUBLIC)

Rec 4.00

CERTIFICATE OF DEATH

Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS

FLORIDA

STATE FILE NO. _____

REGISTRAR'S NO. _____

TYPE OR PRINT IN
BOLD INK
FOR FOR
TIONS

DECEASED—NAME 1. Travis Woodham			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. September 24, 1976
---	--	--	-----------------------	--

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 65	UNDER 1 YEAR 5b. MOB.	UNDER 1 DAY 5c. DATA	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Feb. 4, 1911	COUNTY OF DEATH 7a. Lake
---	--	---------------------------------	--------------------------------	--	------------------------------------

CITY, TOWN, OR LOCATION OF DEATH 7b. Eustis	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Waterman Memorial Hospital
---	--	--

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

SOCIAL SECURITY NUMBER 12. 263-18-8548-A	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Retired Foreman	KIND OF BUSINESS OR INDUSTRY 13b. Winter Garden Citrus Exchange
--	---	---

RESIDENCE—STATE 14a. Florida	COUNTY 14b. Lake	CITY, TOWN, OR LOCATION 14c. Sorrento	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. No	STREET AND NUMBER 14e. Central Ave.
--	----------------------------	---	--	---

FATHER—NAME (FIRST MIDDLE LAST) 15. E. M. Woodham	MOTHER—MAIDEN NAME (FIRST MIDDLE LAST) 16. Ethel White
---	--

INFORMANT—NAME 17a. Mrs. Freddie Woodham	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 18 Central Ave., Sorrento, Florida 32776
--	--

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) Coronary thrombosis		4 day
DUE TO, OR AS A CONSEQUENCE OF:		
(b)		
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)	AUTOPSY (YES OR NO) 19a. No	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
--	---------------------------------------	---

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

INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.
--	--	--

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 9 20 76 TO 9 24 76	AND LAST SAW HIM/LIVE ON BODY AFTER DEATH 21b. 9 23 76	I DID/DID NOT VIEW THE BODY AFTER DEATH 21c. not	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, BELIEF, TO THE CAUSE(S) STATED. 21d. 6:05A
---	--	--	--

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. 22a.	THE DECEASED WAS PRONOUNCED DEAD 22b.	DATE SIGNED (MONTH, DAY, YEAR) 22c. Sept. 27, 1976
--	--	--

CERTIFIER—NAME (TYPE OF PRINT) 23a. Louis R. Bowen, MD	SIGNATURE 23b. <i>Louis R. Bowen</i>	DATE SIGNED (MONTH, DAY, YEAR) 23c. Sept. 27, 1976
--	---	--

MAILING ADDRESS—CERTIFIER 23d. 33 North Center Street	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 23e. Eustis, Florida 32726
---	---

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Sorrento Cemetery	LOCATION (CITY OR TOWN, STATE, ZIP) 24c. Sorrento, Florida 32755
--	---	--

DATE 24d. Sept. 26, 1976	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Rehbaum-Harden 333 Fifth Ave. Mount Dora, Florida
------------------------------------	---

FUNERAL DIRECTOR'S SIGNATURE 25. <i>Clifford A. Harden</i>	REGISTRAR'S SIGNATURE 26. <i>Patricia P. Lense</i>	DATE RECEIVED BY LOCAL REGISTRAR 26b. Oct. 1, 1976
---	---	--

CERTIFIED COPY

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE LOCAL REGISTRAR'S RECORD ON FILE IN THE LAKE COUNTY HEALTH DEPARTMENT AT 421 WEST MAIN STREET, TAVARES, FLORIDA 32778

Oct. 1, 1976
(DATE)

Patricia P. Lense
(REGISTRAR OR DEPUTY REGISTRAR)

JAN 5 11 27 AM '77
CLERK OF THE COURT
LAKE COUNTY, FLORIDA

4504
DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

V. S. #612
Rev. 1970

VICTORIA JANE WOODHAM

(daughter of EDWARD D. WOODHAM
wife of JAMES ARCHY JOHNSON)

OFFICE of VITAL STATISTICS
CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 69-047882
REGISTRAR'S NO.

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Manatee

2. USUAL RESIDENCE (If here deceased lived - If institution: Residence before admission)
b. STATE Florida
c. COUNTY Manatee

3. CITY, TOWN, OR LOCATION Bradenton

4. IS RESIDENCE INSIDE CITY LIMITS? YES NO

5. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Manatee Memorial Hospital

6. STREET ADDRESS 51-XXX
1824 30th Avenue East

7. NAME OF DECEASED (Type or print)
First MARY Middle CHRISTIAN Last WOODHAM

8. DATE OF DEATH Month Day Year August 14, 1969

9. SEX Female

10. COLOR OR RACE White

11. MARRIED NEVER MARRIED WIDOWED DIVORCED

12. DATE OF BIRTH May 1, 1892

13. AGE (In years last birthday) 77

14. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

16. KIND OF BUSINESS OR INDUSTRY Own Home

17. BIRTHPLACE (State or foreign country) Alabama

18. CITIZEN OF WHAT COUNTRY? USA

19. FATHER'S NAME Eugene Blackford Eford

20. MOTHER'S MAIDEN NAME Amanda Span

21. SOCIAL SECURITY NO. 262109245

22. INFORMANT'S SIGNATURE Mrs. Mary K. Bantels
Address 2901 Kimmeridge Drive East Point, Georgia 30044

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) *CVA*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: *Cerebral vascular disease*

DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIKANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES NO

INTERVAL BETWEEN ONSET AND DEATH: *11 months*

4 yrs.

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 Month Day Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., home, school, farm, factory, street, office, etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ and last saw her alive on *April 69*
Death occurred at *9-32 AM* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *[Signature]* 22b. ADDRESS *Bradenton* 22c. DATE SIGNED *8-15-69*

23a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 23b. DATE *8/16/69* 23c. NAME OF CEMETERY OR CREMATORY *Manasota Mem. Park* 23d. LOCATION (City, town, or county) (State) *Uneco (Manatee) Florida*

24. FUNERAL DIRECTOR'S SIGNATURE *Thomas J. Toale* ADDRESS *Bradenton* 25. DATE RECD. BY LOCAL REG. *8-15-69* 26. REGISTRAR'S SIGNATURE *[Signature]*

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

FEB 19 1997

C. Meach Buzz

BY

State Registrar

WARNING:

8563744

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



HRS FORM 1564 (7-96)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

VOID IF ALTERED OR ERASED

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

9 3 0 7 8 8 5 8

LOCAL FILE NO.

93-1653

1. DECEDENT'S NAME HELEN FIRST MIDDLE LAST			2. SEX Female		
3. DATE OF DEATH (Month, Day, Year) July 7, 1993		4. SOCIAL SECURITY NUMBER 262-34-9719		5a. AGE-Last Birthday (years) 65	
5b. UNDER 1 YEAR Months Days		5c. UNDER 1 Day Hours Minutes			
6. DATE OF BIRTH (Month, Day, Year) March 22, 1928		7. BIRTHPLACE (City and State or Foreign Country) Commerce, Georgia		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No	
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) Daughter's Residence			9b. INSIDE CITY LIMITS? (Yes or No) No		
9c. FACILITY NAME (If not institution, give street and number) 10405 Oak Run Drive			9d. CITY, TOWN, OR LOCATION OF DEATH Bradenton		9e. COUNTY OF DEATH Manatee
10a. DECEDENT'S USUAL OCCUPATION Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)
13a. RESIDENCE — STATE Florida		13b. COUNTY Manatee	13c. CITY, TOWN, OR LOCATION Bradenton		13d. STREET AND NUMBER 203 60th Avenue West
13e. INSIDE CITY LIMITS? (Yes or No) No	13f. ZIP CODE 34207	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE — American Indian, Black, White, etc. Specify: White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 11 College (1-4 or 5+) _____
17. FATHER'S NAME (First, Middle, Last) Howard			18. MOTHER'S NAME (First, Middle, Maiden Surname) Recie Wilma Ingram		
19a. INFORMANT'S NAME (Type/Print) Donna King		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 327 Rye Road Bradenton, FL 34202			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mansion Memorial Park		20c. LOCATION — City or Town, State Ellenton, Florida	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 		21b. LICENSE NUMBER (of Licensee) 2894	21c. NAME AND ADDRESS OF FACILITY Shannon Funeral Home 1015 14th St. West Bradenton, FL 34205		
22a. To be Completed by CERTIFYING PHYSICIAN Only I, <u>Thomas H. Gavey M.D.</u> , certify my knowledge death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) 22b. DATE SIGNED (Mo., Day, Yr.) 7/12/93 22c. HOUR OF DEATH 11:30 PM 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			23a. To be Completed by MEDICAL EXAMINER 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 as stated. (Signature and Title) 23b. DATE SIGNED (Mo., Day, Yr.) 23c. HOUR OF DEATH 23d. MEDICAL EXAMINER'S CASE #		
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Thomas H. Gavey M.D. 115 Manatee Ave W. Bradenton FL 34209					
25a. SUBREGISTRAR — SIGNATURE AND DATE 		25b. LOCAL REGISTRAR — SIGNATURE Judy S. Davis, Deputy		25c. DATE REGISTERED July 12, 1993	
26. PART I. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury at initiated events resulting in death) LAST.					Approximate Interval Between Onset and Death
a. Adeno Carcinoma of Colon					
b. with liver & mesenteric Lymph Node metastasis					
c.					
d.					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)		28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) No
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST	30a. IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED.		30b. DATE OF SURGERY (Mo., Day, Year)		

CERTIFICATE OF DEATH
FLORIDA

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. _____
REGISTRAR'S NO. _____

1. PLACE OF DEATH a. COUNTY Manatee		CODE NO. 57-026		2. USUAL RESIDENCE (Where deceased lived, if institution: Resident prior to admission) a. STATE Florida		b. COUNTY Manatee		
b. CITY, TOWN, OR LOCATION Bradenton			c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION Bradenton		d. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) DEWEY WOODHAM				4. STREET ADDRESS 203 60th Avenue W				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 15, 1924		
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Line Type Operator		100. KIND OF BUSINESS OR INDUSTRY Newspaper		11. BIRTHPLACE (State or foreign country) Florida		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Issac M. Woodham		14. MOTHER'S MAIDEN NAME Mary Efurd				
16. SOCIAL SECURITY NO. 265264070		17. INFORMANT'S SIGNATURE <i>Helen E. Woodham</i> 203 60th. Ave. W. Bradenton						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS							INTERVAL BETWEEN ONSET AND DEATH SUPPER	
Conditions, if any, which gave rise to above cause (a), making the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. (FATAL) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COURTY STATE		
21. I attended the deceased from POSTMORTEM to _____ and last saw him alive on 11.5.70 at _____ Death occurred _____ from the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>George W. Dames</i> (Degree or title) MD				22b. ADDRESS 202 6th Ave. E., Bradenton, Fla.		22c. DATE SIGNED 1.5.70		
23a. BURIAL CREMATION Burial		23b. DATE Jan. 6, 1970		23c. NAME OF CEMETERY OR CREMATORY Mansion Memorial Pk.		23d. LOCATION (City, town, or county) (State) Ellenton (Manatee) Florida		
24. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas H. Tolale</i>		ADDRESS Toale Brothers		25. DATE RECD. BY LOCAL REG. Jan. 5, 1970		26. REGISTRAR'S SIGNATURE <i>Helen M. Allerton</i>		

This becomes a legal record when properly executed and will be placed in permanent file.

Write plainly with permanent black ink or typewriter

Funeral director must file the certificate with the local registrar within 72 hours after death or before making any disposition of body.

All items are to be complete & accurate.

V.S. 4012
Rev. 1-1968

This is a true copy of the certificate as it appears on file in the Office of the Sub-Reg. of Vital Statistics of Manatee County, Florida.

SIGNED *Opie Turbeville* Sub-Reg. VS

Date: 8 Jan 1970

PLACE OF DEATH COUNTY <u>Fulton</u>		GEORGIA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		FILE NO. FOR STATE REGISTRAR 24191	DATE 11
MIL. DIST. NO.		TOWN OR CITY <u>Atlanta</u> <u>208 Peters</u>		ST. REG. DIST. NO. <u>1061</u>	REGISTERED NO. <u>4423</u>
FULL NAME <u>Frank Woodham</u>					
RESIDENCE CITY <u>Atlanta</u> <u>208 Peters</u>					
RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS		
SEX <u>Male</u>	COLOR OR HAIR <u>White</u>	COMPLEXION <u>Normal</u>	DATE OF DEATH <u>Oct 23</u>		
MARRIAGE STATUS <u>Married</u>			I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM		
SPOUSE <u>Jamie Woodham</u>			AND I LAST SAW HIM ALIVE ON		
DATE OF BIRTH <u>Oct 17</u> <u>1855</u>			AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT		
AGE <u>71</u>			THE CAUSE OF DEATH WAS AS FOLLOWS <u>Anginal</u>		
OCCUPATION <u>Retired</u>			<u>Heart disease</u>		
PLACE OF BIRTH <u>Georgia</u>			SIGNATURE OF REGISTRAR		
PLACE OF DEATH <u>Atlanta</u>			SIGNATURE OF PHYSICIAN		
DATE OF DEATH <u>Oct 23 1926</u>			SIGNATURE OF WITNESS		

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources, Atlanta, Georgia. This certified copy is issued under the authority of Chapter 89-17, Vital Records, Georgia Health Code, as Amended.

Michael R. Lovari
Records Custodian, Director
Vital Records Service

Issued by: P. Oliphant
Date: 8/10/77

1 PLACE OF DEATH COUNTY <u>Fulton</u>		GEORGIA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		FILE NO. FOR STATE REGISTRY 24191	S.O.V.S. 11
MIL. DIST. NO.		CITY OR TOWN OF <u>Atlanta 208 Peters</u>		ST. REG. DIST. NO. <u>1061</u>	REGISTERED NO. <u>4423</u>
(If death occurred in hospital or in institution, give its name and postal street and address)					
2 FULL NAME <u>Frank Woodham</u>					
RESIDENCE, CITY <u>Atlanta</u> No. <u>208</u> ST. <u>Peters</u>					
(If not non-resident give City or Town and State)					
3 RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED					
PERSONAL AND STATISTICAL PARTICULARS					
SEX <u>Male</u>	COLOR OR HAIR <u>White</u>	BUILD <u>Normal</u>	4 DATE OF DEATH <u>Oct 23</u>		
5a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND of <u>Jannie Woodham</u>			5b IF I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM		
6 DATE OF BIRTH (MO.) <u>Oct.</u> DAY <u>17th</u> YEAR <u>1885</u>			AND I LAST SAW K. ALIVE ON		
7 AGE <u>41</u> Yrs. Mos. Days			AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT		
IF LESS THAN 1 YEAR IF LESS THAN 1 DAY			THE CAUSE OF DEATH WAS AS FOLLOWS <u>Anginal heart disease</u>		
8 OCCUPATION <u>Retired</u>			CONTINUITY		
9 BIRTHPLACE <u>Ga.</u>			OPERATION		
10 NAME OF FATHER <u>Woodham</u>			IF THIS DEATH WAS CERTIFIED		
11 BIRTHPLACE OF FATHER <u>Ga.</u>			AND OPERATION PRECISE DEATH DATE OF		
12 MOTHER NAME OF MOTHER <u>Anderson</u>			WAS THERE AN AUTOPSY <u>no</u> WHAT TEST CONFIRMED		
13 BIRTHPLACE OF MOTHER <u>Anderson</u>			DIAGNOSIS <u>Ischemic</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
Signature: <u>Mrs. Frank Woodham</u>			Signature: <u>Harold L. Peadar</u> M.D.		
(Address): <u>208 Peters St</u>			DATE: <u>Oct 25 1926</u>		
DATE: <u>OCT 25 1926</u>			Signature: <u>Henry G. Pyle</u>		

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources, Atlanta, Georgia. This certified copy is issued under the authority of Chapter 88-17, Vital Records, Georgia Health Code, as Amended.

Michael R. Lavoie
Records Custodian, Director
Vital Records Service

Issued by: P. Oliphant
Date: 8/10/77



CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
 Bureau of Vital Statistics

Registered No. 21 *ms 200*

12325

1. PLACE OF DEATH
 County Troup MIMB District (Number and Name) 673 Harrisonville State of Georgia
 City or Town Harrisonville Length of residence in this city or town: Yrs. ___ Mos. ___ Da. **NON-RESIDENT (Yes or No)** NY
 Street and Number (No.) Hogansville RT. 2 Word Word
 (If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME Mr. Hagis J. Woodham
 Residence (City or Town) Hogansville (Street and Number) _____ (State) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M **4. COLOR or RACE** W **5. Single, Married, Widowed, Divorced (write the word)** Married

6. DATE OF BIRTH (month, day, year) Jan 24 1885

7. AGE 31 **8. OCCUPATION**
 (a) Trade, profession or particular kind of work done, or officer, lawyer, bookkeeper, etc. Teacher
 (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. _____
 (c) Date deceased last worked at this occupation (month and year) _____ (d) Total years spent in this occupation _____

9. BIRTHPLACE Ward Co. Ga.
 (P. O. Address) _____

FATHER
10. NAME Wm. H. Woodham
11. BIRTHPLACE Ga.
 (P. O. Address) _____

MOTHER
12. MAIDEN NAME Kathleen Morris
13. BIRTHPLACE Ga.
 (P. O. Address) _____

14. INFORMANT Mr. Mattie Woodham
 (Signed) _____
 (Address) Hogansville Ga. - Harrisonville Rd

15. BURIAL PLACE Hillview Cemetery
 (Cemetery) _____
 (Place of interment) Hogansville Ga. 8/8/36

16. UNDERTAKER Hogansville
 (Signed) _____
 (Address) Hogansville Ga.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 6 1936 at 1 4 PM
 (Month, Day, Year) (Hour)

17. WHEREBY CERTIFY, That I attended the deceased from March 23 March 4 36
 I last saw him live on March 4 36 death is said to have occurred on the date and hour stated above.
 The principal cause of death and related causes of importance to the order of cause and direction of each:
Pulmonary Tuberculosis

Other contributory causes of importance: _____

What test confirmed diagnosis? Chemical & Lab
 (Specify whether culture, examination, laboratory, or clinical)

If death was due to external causes (violence) fill in also the following:
 Was injury an accident, suicide, or homicide? _____
 Where did injury occur (Specify street or town, if outside of limits, the county, and also the county) _____
 Did injury occur in a home, public place or industry? _____
 Manner of injury _____
 Nature of injury W.P. McNeal M.D.
 (Signed) _____
 (Address) 116 Church St

18. FILED March 10 36
 (Signed) Dr. J. Frank

Contracted if box at place of death

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources, Atlanta, Georgia. This certified copy is issued under the authority of Chapter 88-17, Vital Records, Georgia Health Code, as Amended.

Michael R. Lavin
 Records Custodian, Director
 Vital Records Service

Issued by: P. Oliphant
 Date: 8/10/77

20122

CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County: Spalding City or Town: Spalding Precinct (Number and Name): 1046 State of Georgia: _____

2. FULL NAME
Name: Miss Margaret Woodstrom (If death occurred in a hospital, give the name instead of street and number.)
Street and Number (If any): _____

3. PERSONAL AND STATISTICAL PARTICULARS
1. SEX: Female 2. COLOR or RACE: White 3. MARRIED (within the year): Yes
4. DATE OF BIRTH (month, day, year): Oct. 18, 1877 5. AGE: 34 years 10 months 18 days
6. OCCUPATION: Farmer
7. TRADE, Vocations or pastimes: _____
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18. MEDICAL CERTIFICATE OF DEATH
1. DATE OF DEATH: Oct 20, 1909 2. TIME OF DEATH: 10:00 AM
3. PLACE OF DEATH: Home 4. CAUSE OF DEATH: Old age & debility
5. DISEASES PRECEDING DEATH: _____
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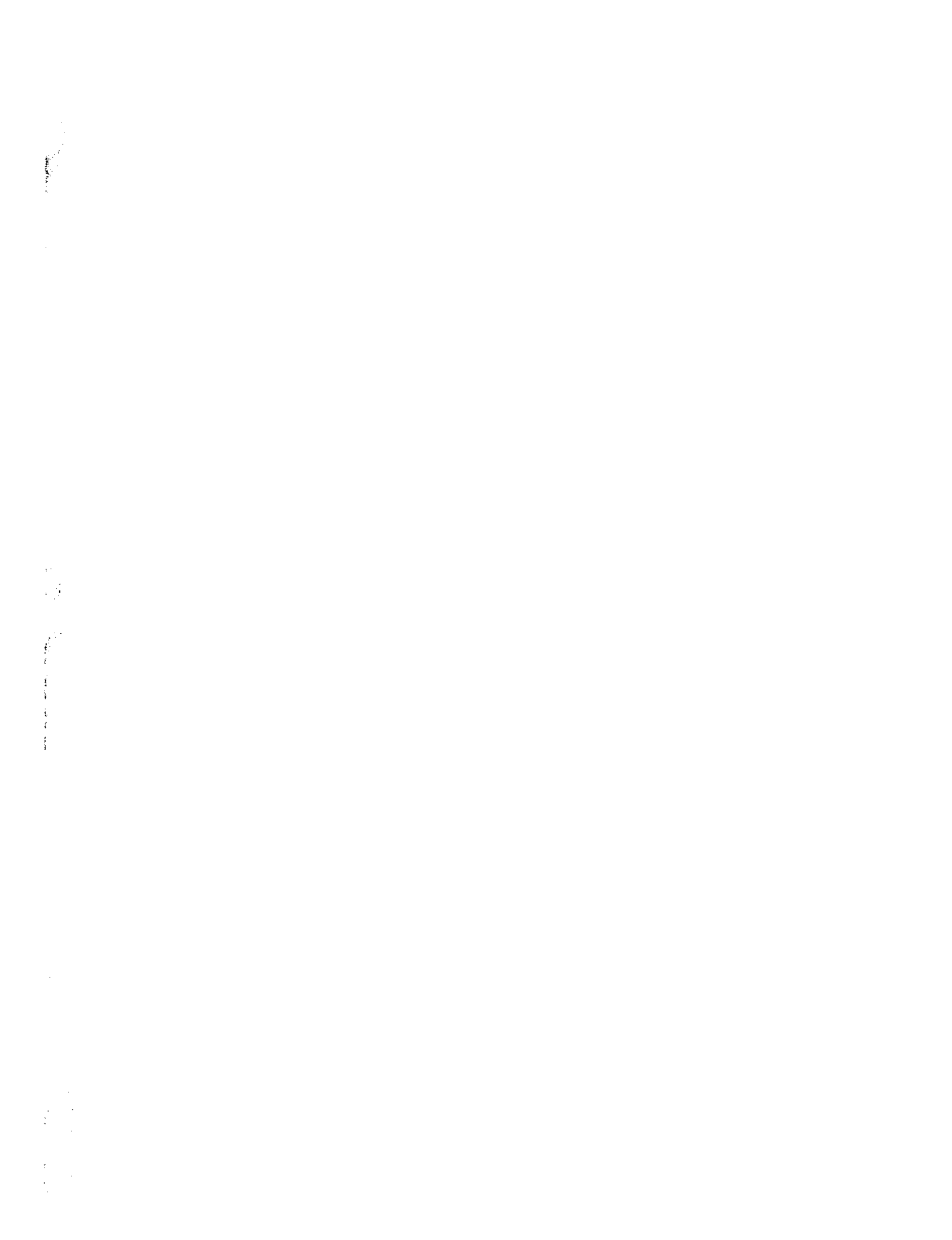
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100. SIGNATURE OF WITNESSES: _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease contracted if not at place of death?

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources, Atlanta, Georgia. This certified copy is issued under the authority of Chapter 88-17, Vital Records, Georgia Health Code, as amended.

Mrs. Sarah L. Jones
Records Custodian, Director
Vital Records Service

Issued by: P. O. Taylor
Date: 8/10/17



MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. D.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Madison
Vol. 107 Page 107
City Madison

2 FULL NAME
Edna Louise Jackson

3 SEX Female

4 COLOR OR RACE White

5 DATE OF BIRTH
Month April Day 22 Year 1892

6 AGE
Years 20 Months 00 Days 00

7 OCCUPATION
Student

8 BIRTHPLACE (State or Country)
Mississippi

9 PARENTS

10 NAME OF FATHER <u>P. C. Jackson</u>	11 BIRTHPLACE OF FATHER (State or Country) <u>Mississippi</u>
12 NAME OF MOTHER <u>Elizabeth Jackson</u>	13 BIRTHPLACE OF MOTHER (State or Country) <u>Mississippi</u>

14 THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Signature) Edna Louise Jackson
(Address) Madison, Mississippi

15 PLACE OF BIRTH
Madison, Mississippi

16 DATE OF DEATH
Month April Day 18 Year 1912

17 I HEREBY CERTIFY, that I attended the deceased from
that I last saw her alive on _____ 19____ at _____
and that death occurred on the date stated above, at _____
The CAUSE OF DEATH was as follows:
Accidental Strangulation

18 DATE OF DEATH
Month April Day 18 Year 1912

19 I HEREBY CERTIFY, that I attended the deceased from
that I last saw her alive on _____ 19____ at _____
and that death occurred on the date stated above, at _____
The CAUSE OF DEATH was as follows:
Accidental Strangulation

20 UNDERSEALER
Edna Louise Jackson

21 PLACE OF BIRTH
Madison, Mississippi

22 DATE OF BIRTH
April 22 1892

23 UNDERSEALER
Edna Louise Jackson

24 THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Signature) Edna Louise Jackson
(Address) Madison, Mississippi

25 PLACE OF BIRTH
Madison, Mississippi

26 DATE OF BIRTH
April 22 1892

27 UNDERSEALER
Edna Louise Jackson

PHYSICIANS Statement of

1 PLACE OF DEATH
County Madison
Vol. 107 Page 107
City Madison

STATE OF MISSISSIPPI
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 49962

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. D.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Madison
Vol. 107 Page 107
City Madison

2 FULL NAME
Edna Louise Jackson

3 SEX Female

4 COLOR OR RACE White

5 DATE OF BIRTH
Month April Day 22 Year 1892

6 AGE
Years 20 Months 00 Days 00

7 OCCUPATION
Student

8 BIRTHPLACE (State or Country)
Mississippi

9 PARENTS

10 NAME OF FATHER <u>P. C. Jackson</u>	11 BIRTHPLACE OF FATHER (State or Country) <u>Mississippi</u>
12 NAME OF MOTHER <u>Elizabeth Jackson</u>	13 BIRTHPLACE OF MOTHER (State or Country) <u>Mississippi</u>

14 THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Signature) Edna Louise Jackson
(Address) Madison, Mississippi

15 PLACE OF BIRTH
Madison, Mississippi

16 DATE OF DEATH
Month April Day 18 Year 1912

17 I HEREBY CERTIFY, that I attended the deceased from
that I last saw her alive on _____ 19____ at _____
and that death occurred on the date stated above, at _____
The CAUSE OF DEATH was as follows:
Accidental Strangulation

18 DATE OF DEATH
Month April Day 18 Year 1912

19 I HEREBY CERTIFY, that I attended the deceased from
that I last saw her alive on _____ 19____ at _____
and that death occurred on the date stated above, at _____
The CAUSE OF DEATH was as follows:
Accidental Strangulation

20 UNDERSEALER
Edna Louise Jackson

21 PLACE OF BIRTH
Madison, Mississippi

22 DATE OF BIRTH
April 22 1892

23 UNDERSEALER
Edna Louise Jackson

24 THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Signature) Edna Louise Jackson
(Address) Madison, Mississippi

25 PLACE OF BIRTH
Madison, Mississippi

26 DATE OF BIRTH
April 22 1892

27 UNDERSEALER
Edna Louise Jackson

PHYSICIANS Statement of

1 PLACE OF DEATH
County Madison
Vol. 107 Page 107
City Madison



MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
 County Polk
 Precinct East
 Loc. Town or Village or City (No. _____) (Ward _____)
 Registration District No. 272
 Primary Registration District No. 272
 Registered No. 78
 File No. _____
 If death occurred in a hospital or institution give its name and number.

2 FULL NAME OF DECEASED
Herbert G. Hervey

PERSONAL AND STATISTICAL PARTICULARS
 3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
 6 DATE OF BIRTH Aug 25 1892 (Month Day Year)
 7 AGE 24 (Years, Months, Days)
 8 OCCUPATION, Trade, profession, or particular kind of work, None
 (1) General nature of industry, business or establishment in which employed, (or employer's name and address) (2) Nature of occupation, (or employment)

9 BIRTHPLACE (State or Country) Mississippi

10 NAME OF FATHER John Elmer

11 SIGNATURE OF FATHER (State or County) [Signature]

12 BIRTHPLACE OF FATHER (State or County) Mississippi

13 BIRTHPLACE OF MOTHER (State or County) Mississippi

14 THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) A. C. Hervey
 (Address) East
 15 PREPARED BY [Signature]
 Form V.A. No. 4, 2-11-23-15-17

16 DATE OF DEATH Aug 26 1916 (Month Day Year)
 17 I HEREBY CERTIFY THAT I attended the deceased from Aug 3 1916 to Aug 25 1916 and that death occurred on the date stated above at 2:30 p.m.
 THE CAUSE OF DEATH was as follows:
Terminal pneumonia

18 SIGNATURE OF PHYSICIAN [Signature]
 (Address) _____
 19 SIGNATURE OF MINISTER OR CLERGYMAN (Address) _____

20 PLACE OF BURIAL OR DEPOSITION
West
 21 DATE OF BURIAL Aug 27 1916
 (Address) _____

N. B.—Every item should state OCCUPATION

16 THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) G. W. Davis
 (Address) East
 17 PREPARED BY [Signature]
 Form V.A. No. 4, 2-11-23-15-17

18 SIGNATURE OF PHYSICIAN
 (Address) _____

19 SIGNATURE OF MINISTER OR CLERGYMAN
 (Address) _____

20 PLACE OF BURIAL OR DEPOSITION
West
 21 DATE OF BURIAL Aug 27 1916
 (Address) _____

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
 County Polk
 Precinct East
 Loc. Town or Village or City (No. _____) (Ward _____)
 Registration District No. _____
 Primary Registration District No. _____
 Registered No. _____
 File No. _____
 If death occurred in a hospital or institution give its name and number.

2 FULL NAME OF DECEASED
Male

PERSONAL AND STATISTICAL PARTICULARS
 3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
 6 DATE OF BIRTH May 2 1892 (Month Day Year)
 7 AGE 24 (Years, Months, Days)
 8 OCCUPATION, Trade, profession, or particular kind of work, None
 (1) General nature of industry, business or establishment in which employed, (or employer's name and address) (2) Nature of occupation, (or employment)

9 BIRTHPLACE (State or Country) Mississippi

10 NAME OF FATHER John Elmer

11 SIGNATURE OF FATHER (State or County) [Signature]

12 BIRTHPLACE OF FATHER (State or County) Mississippi

13 BIRTHPLACE OF MOTHER (State or County) Mississippi

14 THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) [Signature]
 (Address) East
 15 PREPARED BY [Signature]
 Form V.A. No. 4, 2-11-23-15-17

16 DATE OF DEATH Aug 26 1916 (Month Day Year)
 17 I HEREBY CERTIFY THAT I attended the deceased from Aug 3 1916 to Aug 25 1916 and that death occurred on the date stated above at 2:30 p.m.
 THE CAUSE OF DEATH was as follows:
Terminal pneumonia

18 SIGNATURE OF PHYSICIAN [Signature]
 (Address) _____

19 SIGNATURE OF MINISTER OR CLERGYMAN (Address) _____

20 PLACE OF BURIAL OR DEPOSITION
West
 21 DATE OF BURIAL Aug 27 1916
 (Address) _____

N. B.—Every item should state OCCUPATION

16 THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) [Signature]
 (Address) East
 17 PREPARED BY [Signature]
 Form V.A. No. 4, 2-11-23-15-17

18 SIGNATURE OF PHYSICIAN
 (Address) _____

19 SIGNATURE OF MINISTER OR CLERGYMAN
 (Address) _____

20 PLACE OF BURIAL OR DEPOSITION
West
 21 DATE OF BURIAL Aug 27 1916
 (Address) _____

WARNING: It is illegal to duplicate this copy by photostat or photograph.

HVS-20112-300M-3-05
(1100 Cont. per book)
[Fee for this Certificate, \$1.00]

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

No 115175

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

Registered No. 2

Full Name of Deceased

MARK

Usual Address

Box 158-B, R.D. # 2 Sewickley, Allegheny Penna.

Place of Death

Sewickley Valley Hospital, Sewickley, Allegheny, Pennsylvania

Date of Death

JAN. 2, 1966

Social Security No.

White

Marital Status

Never Married

Sex

Male

Date of Birth

JUNE 24, 1965

Occupation

None

Birthplace

Penna.

If Veteran, which War

—

MEDICAL CERTIFICATE

Part I. Death was caused by:

Immediate Cause (a) Fleur Brûlée pneumonia

Due To (b)

Due To (c)

Part II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)

Accident, Suicide or Homicide

How did injury occur

Name and Title of Person

For Joseph B. Debes, M.D., B.S., (MD, B.S., Coroner)

Who Certified Cause of Death

Joseph B. Debes, M.D., B.S., (MD, B.S., Coroner) Dep.

Address

Street

City

4th Fourth Ave. Pittsburgh

This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to State Vital Statistics, Harrisburg, Pennsylvania for permanent filing.



Local Registrar of Vital Statistics

George W. Debes 70-039

Street Address

308 Hill St. Sewickley Pa 15143

City, Borough, Township

District No.

70-039

Date Received by Local Registrar

1-3-1966

Date of Issue of This Certification

JAN. 4 1966

1. The first part of the document is a list of names and addresses of the members of the committee.

2. The second part of the document is a list of the names and addresses of the members of the committee.

3. The third part of the document is a list of the names and addresses of the members of the committee.

4. The fourth part of the document is a list of the names and addresses of the members of the committee.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

County of Rich
Township of Stark
or
City of Stark

Registration District No. 3008

Registered No. 972

2. FULL NAME Melba Smiley

3. SEX Female

4. COLOR OR RACE Black

5. DATE OF BIRTH Sept 1900

7. AGE 50

8. OCCUPATION Housewife

9. BIRTHPLACE SE

PARENTS

10. NAME OF FATHER Stephen Sheehy

11. BIRTHPLACE OF FATHER SE

12. MAIDEN NAME OF MOTHER Albina

13. BIRTHPLACE OF MOTHER SE

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

15. (Signature) M. S. Smith

16. LOCAL REGISTRAR July 8 1919

MEDICAL CERTIFICATE OF DEATH

17. I HEREBY CERTIFY, that I attended deceased from July 2

18. DATE OF DEATH July 5 1919

19. I last saw him live on July 2

20. The CAUSE OF DEATH was as follows: Cancer (Lung)

21. LENGTH OF RESIDENCE 3

22. MEANS OF INJURY: and (2) whether Accidental, Suicidal or Homicidal

23. STATE THE DISEASE CAUSING DEATH, or its details from Violent Causes state (1)

24. PLACE OF BURIAL or Removal Stark

25. DATE OF BURIAL July 6 1919

26. UNDERTAKER Stark

27. ADDRESS Stark

28. RESIDENCE Stark

29. PLACE OF DEATH Stark

30. SIGNATURE Stark

File No.—For State Registrar Only. 13767

007006

Handwritten notes or scribbles in the bottom left corner, possibly including the number "14" and some illegible characters.

Fanny Woodham
Mary Woodham

1880
May 12, 1882

201122

CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of DeKalb (Number and Name) State of Georgia
City or Town Atlanta Length of residence in locality or town: 10 yrs.
Street and Number (No.) 1046
2. FULL NAME
Name Wm. Albert Johnson
Residence (City or Town) (Street and Number) Atlanta, Ga.

3. SEX Male
4. COLOR or RACE White
5. AGE 37 years 11 months 15 days
6. DATE OF BIRTH (month, day, year)
7. AGE 37 years 11 months 15 days
8. OCCUPATION
(a) Trade, profession or occupation
(b) Industry or business in which work was done, on contract, as
freelance, part-time, etc.
Farmer
(c) Date deceased (month and year)
(d) Total years
1935

9. BIRTHPLACE DeKalb Co. Ga.
10. NAME William Johnson
11. BIRTHPLACE DeKalb Co. Ga.
12. BIRTHPLACE DeKalb Co. Ga.
13. MARRIAGE Widow
14. INFORMATION Wm. Albert Johnson
15. BIRTHPLACE DeKalb Co. Ga.
16. BIRTHPLACE DeKalb Co. Ga.
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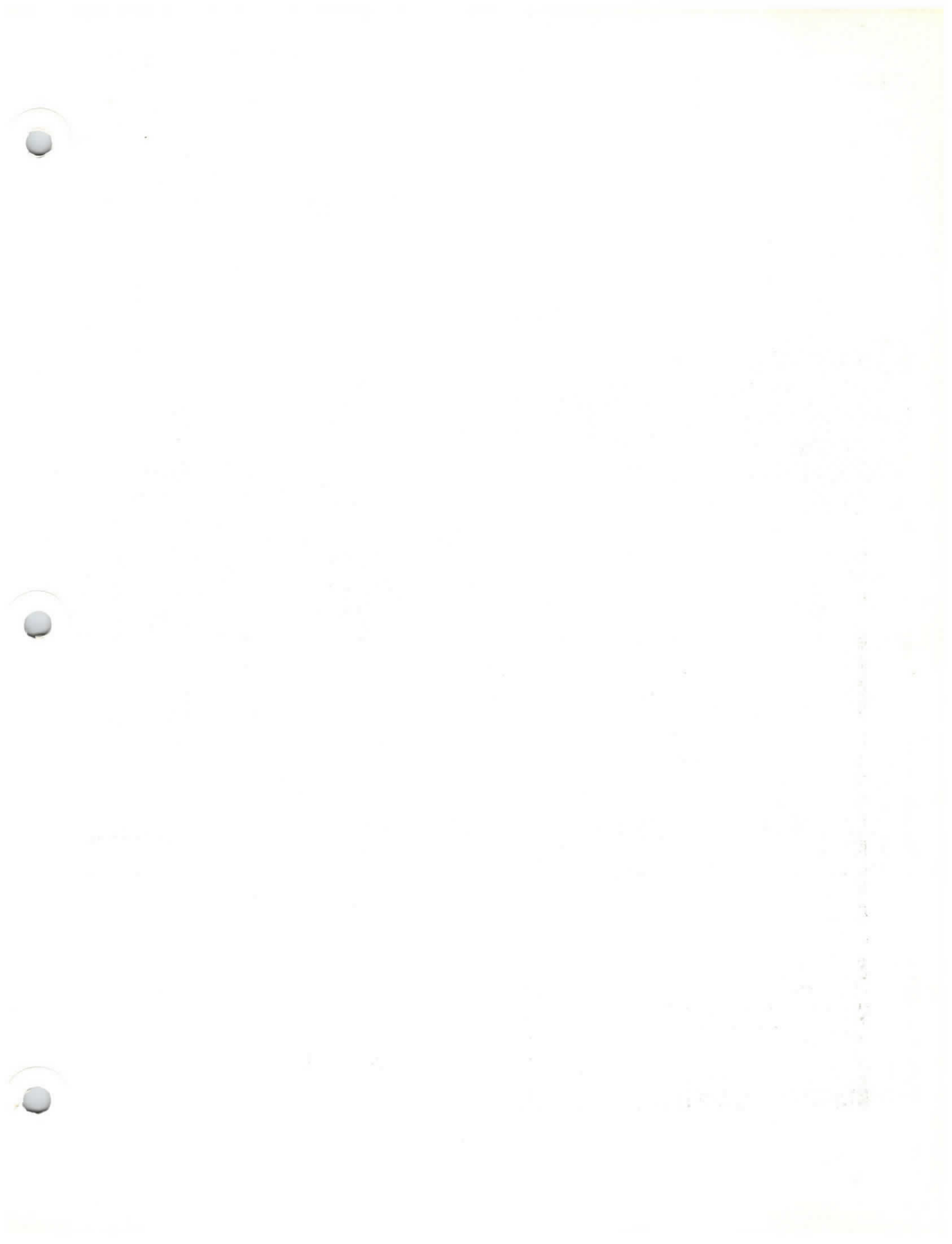
91. BIRTHPLACE DeKalb Co. Ga.
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100. BIRTHPLACE DeKalb Co. Ga.

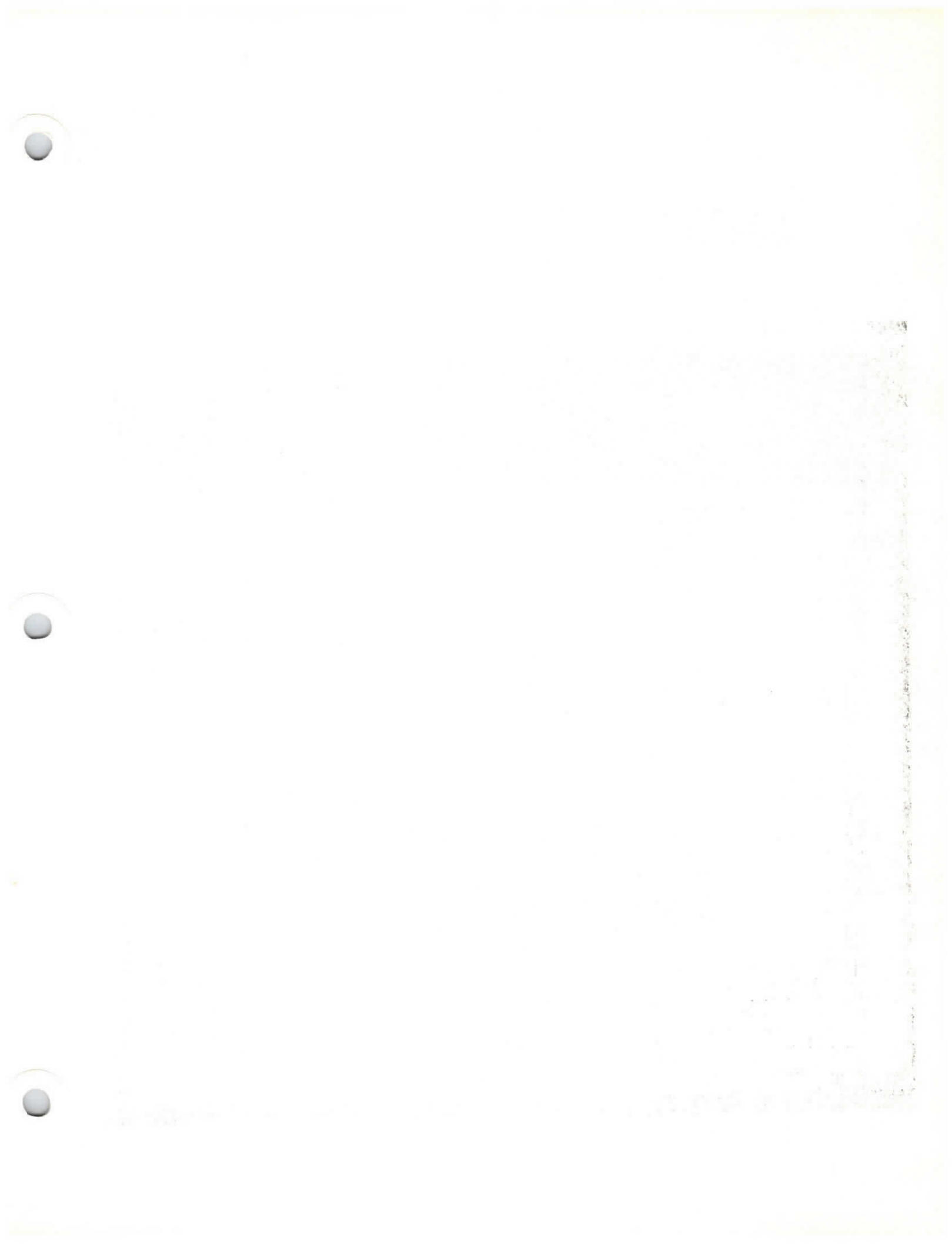
WRITE PLAINLY WITH ENLARGING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease or injury caused by dangerous or unhealthy conditions or occupation? Where was disease contracted if not at place of death?

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources, Atlanta, Georgia. This certified copy is issued under the authority of Chapter 88-17, Vital Records, Georgia Health Code, as amended.

Miss Doris L. Jones
Records Custodian, Director
Vital Records Service

Issued by: D. O. Johnson
Date: 8/10/77





Issued by: *P. Woodruff*
 Date: *8/16/17*

Ms. Woodruff, Director
 Vital Records Service

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources, Atlanta, Georgia. This certified copy is issued under the authority of Chapter 88-17, Vital Records, Georgia Health Code, as Amended.

1 PLACE OF DEATH COUNTY: <i>Fulton</i>		2 TOWN OR CITY: <i>Atlanta, Woodruff</i>		3 FULL NAME: <i>Frank Woodruff</i>		4 SEX: MARRIED: <input checked="" type="checkbox"/> <i>Wife</i> SINGLE: <input type="checkbox"/> <i>Wife</i> DIVORCED: <input type="checkbox"/> <i>Wife</i>		5 DATE OF BIRTH (MO, DAY, YEAR): <i>Oct. 17th 1865</i>		6 AGE: 71 IF LESS THAN 1 YEAR: <input type="checkbox"/> YR. <input type="checkbox"/> MO. IF LESS THAN 1 DAY: <input type="checkbox"/> DAY		7 OCCUPATION: (a) Trade, Profession or Particular kind of work: <i>Doctor</i> (b) General nature of industry (Business or Establishment in which employed or employer)		8 BIRTHPLACE (State or County): <i>Ga.</i>		9 NAME OF FATHER: <i>Mr.</i> 10 BIRTHPLACE OF FATHER (State or County):		11 MAIDEN NAME OF MOTHER: <i>Miss</i> 12 BIRTHPLACE OF MOTHER (State or County):		13 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE: <i>Miss Frank Woodruff</i> 408 Patton St No. 1251 25 1926		14 ADDRESS: <i>Atlanta, Ga.</i>									
15 DATE OF DEATH: <i>Oct 23</i>		16 TIME OF DEATH:		17 HOURS:		18 MINUTES:		19 YEAR:		20 MONTH:		21 DAY:		22 DID OPERATOR RECORD DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23 DATE OF OPERATOR RECORD DEATH:		24 WAS THERE AN AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25 WHAT TEST CONTAINED?		26 DIAGNOSIS: <i>Heart disease, Arteriosclerosis</i>		27 (SIGNATURE) <i>Frank Woodruff</i> (PRINTED) <i>Frank Woodruff</i> (ADDRESS) <i>408 Patton St, Atlanta, Ga.</i>		28 PLACE OF BIRTH OR REMOVAL:		29 DATE:		30 UNDERSTANDING:	
31 MEDICAL PARTICULARS: AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT: <i>Heart disease, Arteriosclerosis</i> THE CAUSE OF DEATH WAS AS FOLLOWS:		32 AND I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM: <i>Oct 23</i>		33 AND I LAST SAW HIM ALIVE ON:		34 AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT:		35 MEDICAL PARTICULARS:		36 PERSONAL AND STATISTICAL PARTICULARS: 37 RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED: <i>Atlanta, Ga.</i> 38 RESIDENCE CITY: <i>Atlanta, Ga.</i> 39 TOWN OR CITY: <i>Atlanta, Ga.</i> 40 FULL NAME: <i>Frank Woodruff</i> 41 TOWN OR CITY: <i>Atlanta, Ga.</i> 42 COUNTY: <i>Fulton</i> 43 MLL. DIST. NO.: <i>208</i> 44 ST. REG. DIST. NO.: <i>208</i> 45 REGISTERED NO.: <i>4423</i>		46 BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH FILE NO. <i>24191</i> FOR STATE REGISTER B.O.V.S.		47 MEDICAL PARTICULARS MUST BE SIGNED BY PHYSICIAN, COMPLETION OF REGISTER.																	





Memphis and Shelby County
TENNESSEE

DEATH CERTIFICATES

Woodham,	baby	died 3/12/1925 (stillborn)	Male white
----------	------	----------------------------------	------------

(# 738)

ARKANSAS DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
LITTLE ROCK, ARKANSAS 72201

NO RECORD DEATH CERTIFICATION

Robert Earl Woodham
2263 Coronet Way N.W., Apt.X-7
Atlanta, GA. 30318

DATE October 26, 1977
NAME OF DECEASED William (Bill) Sherman Woodham
DATE OF DEATH 1944 thru 1948
COUNTY Cross
SEARCH FEE PAID 59706-\$3.00 mp

This letter is to certify that a thorough search of the death records revealed that the certificate of the above-named individual was NOT FOUND.

If you planned to use the death certificate to obtain Social Security benefits, veterans benefits, etc., you should take this letter to the proper agency and ask them what evidence is acceptable as proof of death.

It is possible for you to file a delayed death certificate with the Arkansas Division of Vital Records. If you wish to do so, please check the bottom part of this letter and return the entire letter within 90 days.

We suggest you keep this letter if you do not plan to file a delayed death certificate.

Your fee is being retained in our files to cover record search charges.

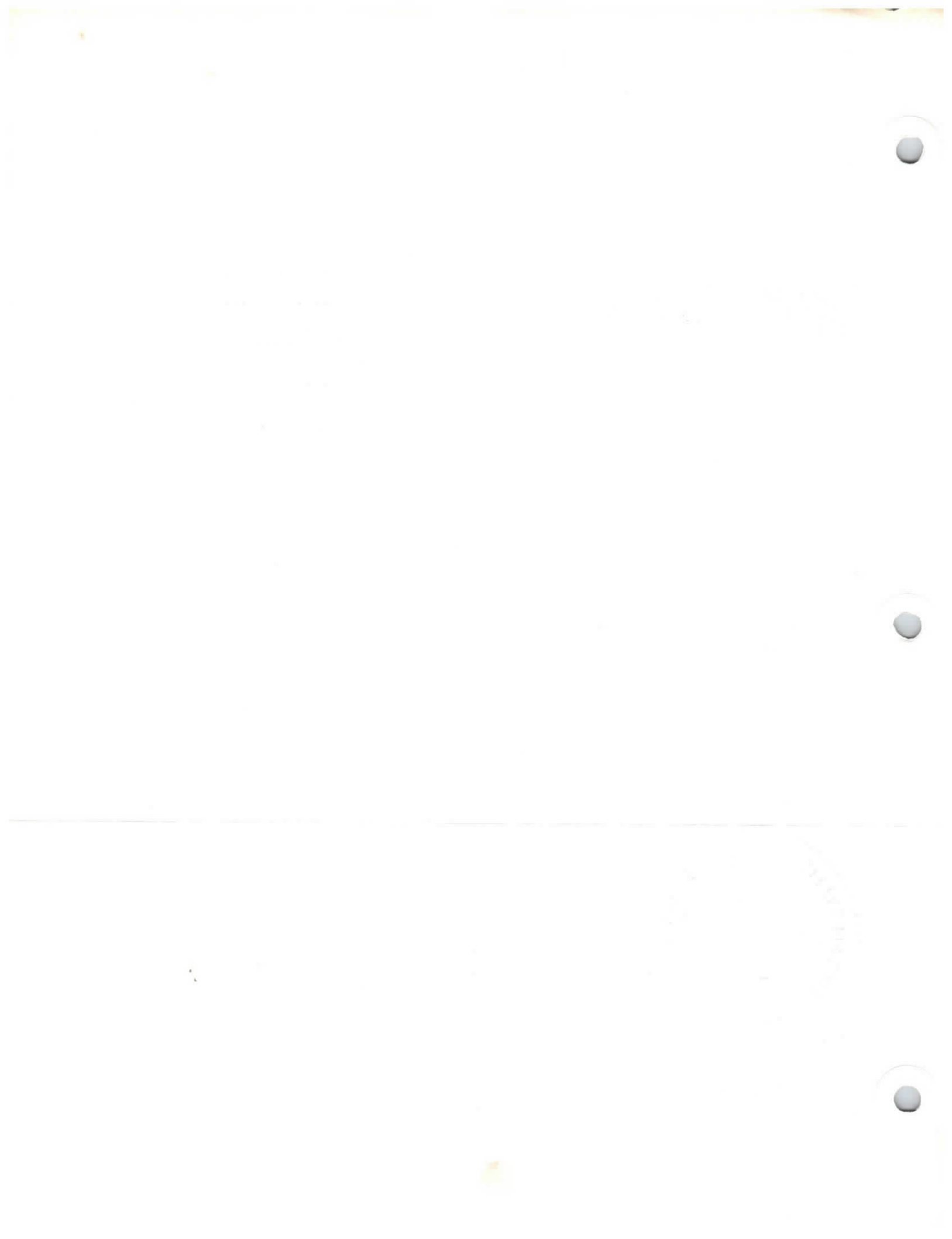
Sincerely yours,

DIVISION OF VITAL RECORDS

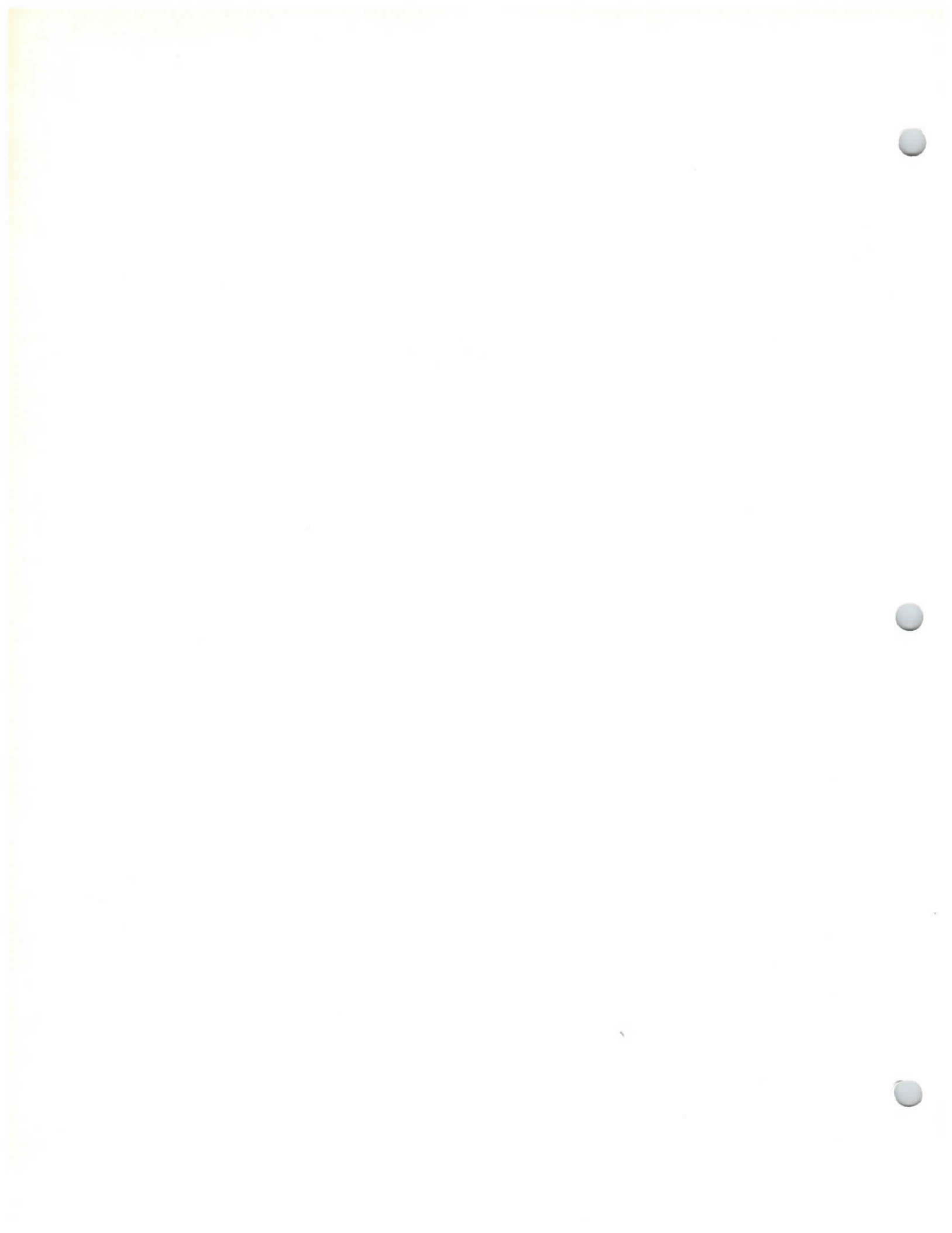
Ruth A. Bizzell

Ruth A. Bizzell, Supervisor
Record Indices Searching Unit

I wish to file a delayed certificate; please send me the proper forms.



Florida



CERTIFICATE OF DEATH

Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS

FLORIDA

STATE FILE NO.

REGISTRAR'S NO.

TYPE OR PRINT IN
GENT INK
BOOK FOR
TIONS

4504

DECEASED

1. DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
Travis Woodham Male September 24, 1976

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH
4. White 5a. 65 5b. 5c. Feb. 4, 1911 7a. Lake

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. Eustis 7c. Yes 7d. Waterman Memorial Hospital

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. Married 11. Freddie Battle

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY
12. 263-18-8548-A 13a. Retired Foreman 13b. Winter Garden Citrus Exchange

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER
14a. Florida 14b. Lake 14c. Sorrento 14d. No 14e. Central Ave.

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. E. M. Woodham 16. Ethel White

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Mrs. Freddie Woodham 17b. 18 Central Ave., Sorrento, Florida 32776

CAUSE

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) Coronary Thrombosis 4 days
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) (c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19. No 19a. 19b.

(Probably) ACCIDENT, SUICIDE OR 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)
20e. 20f. 20g.

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID NOT VIEW THE BODY AFTER DEATH DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, AND TO THE CAUSE(S) STATED
21a. 9 20 76 TO 21b. 9 24 76 21c. 9 23 76 21d. Not 21e. 6:05A M. TO THE CAUSE(S) STATED

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.
22. HOUR OF DEATH MONTH DAY YEAR THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)
23a. Louis R. Bowen, MD 23b. [Signature] 23c. MD 23d. Sept. 27, 1976

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
23e. 33 North Center Street Eustis, Florida 32726

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE
24a. Burial 24b. Sorrento Cemetery 24c. Sorrento, Florida 32757

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. Sept. 26, 1976 24e. Rehbaum-Harden 333 Fifth Ave. Mount Dora, Florida

FUNERAL DIRECTOR—SIGNATURE 1222 REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR
25. Clifford A. Harden 26a. Patricia P. Lense 26b. Oct. 4, 1976

CERTIFIED COPY

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE LOCAL REGISTRAR'S RECORD ON FILE IN THE LAKE COUNTY HEALTH DEPARTMENT AT 421 WEST MAIN STREET, TAVARES, FLORIDA 32778

Oct. 4, 1976 (DATE)

Patricia P. Lense (REGISTRAR OR DEPUTY REGISTRAR)

RECORDED AND RETURNED TO
CLERK CIRCUIT COURT
LAKE COUNTY FLA
JAN 5 11 27 AM '77

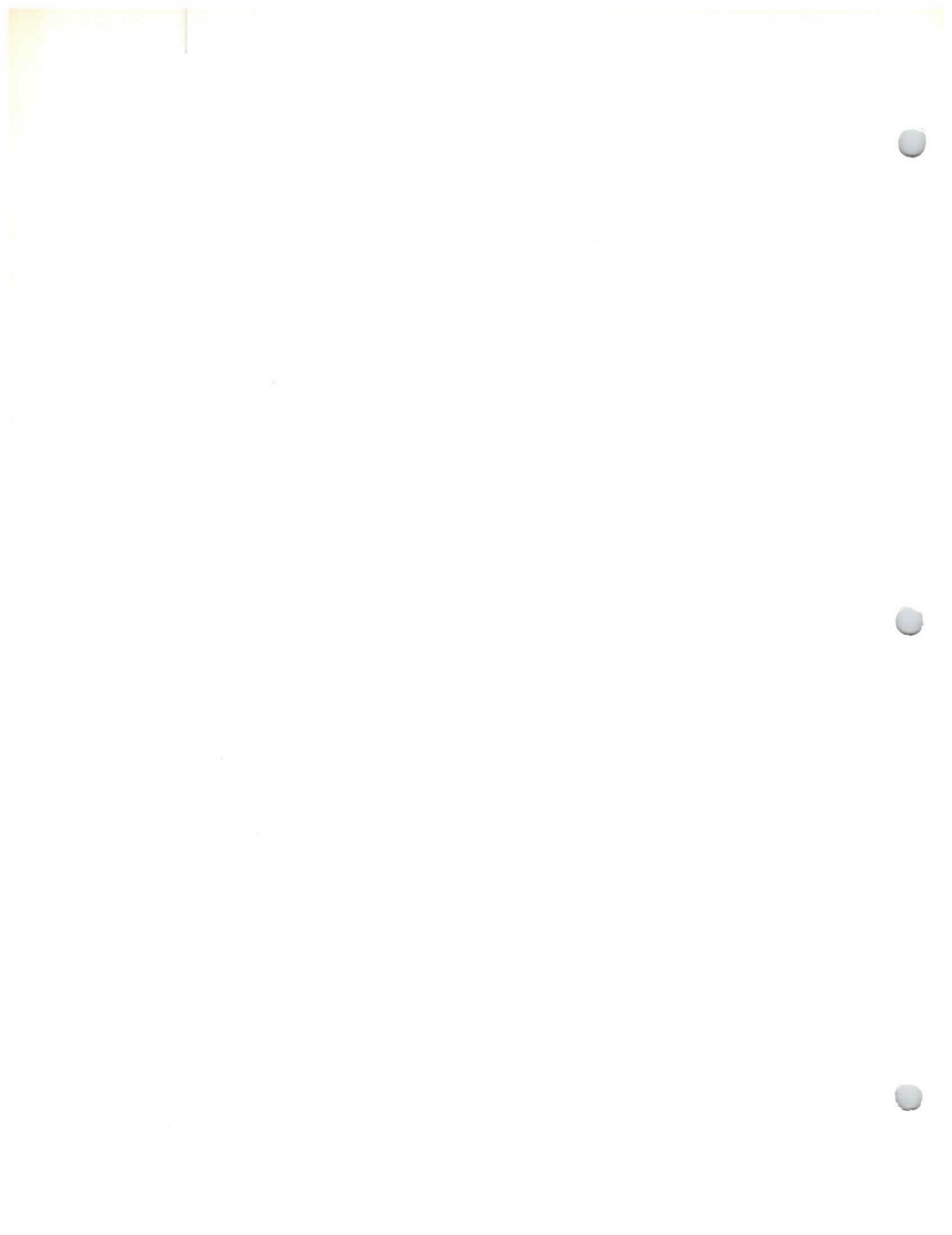
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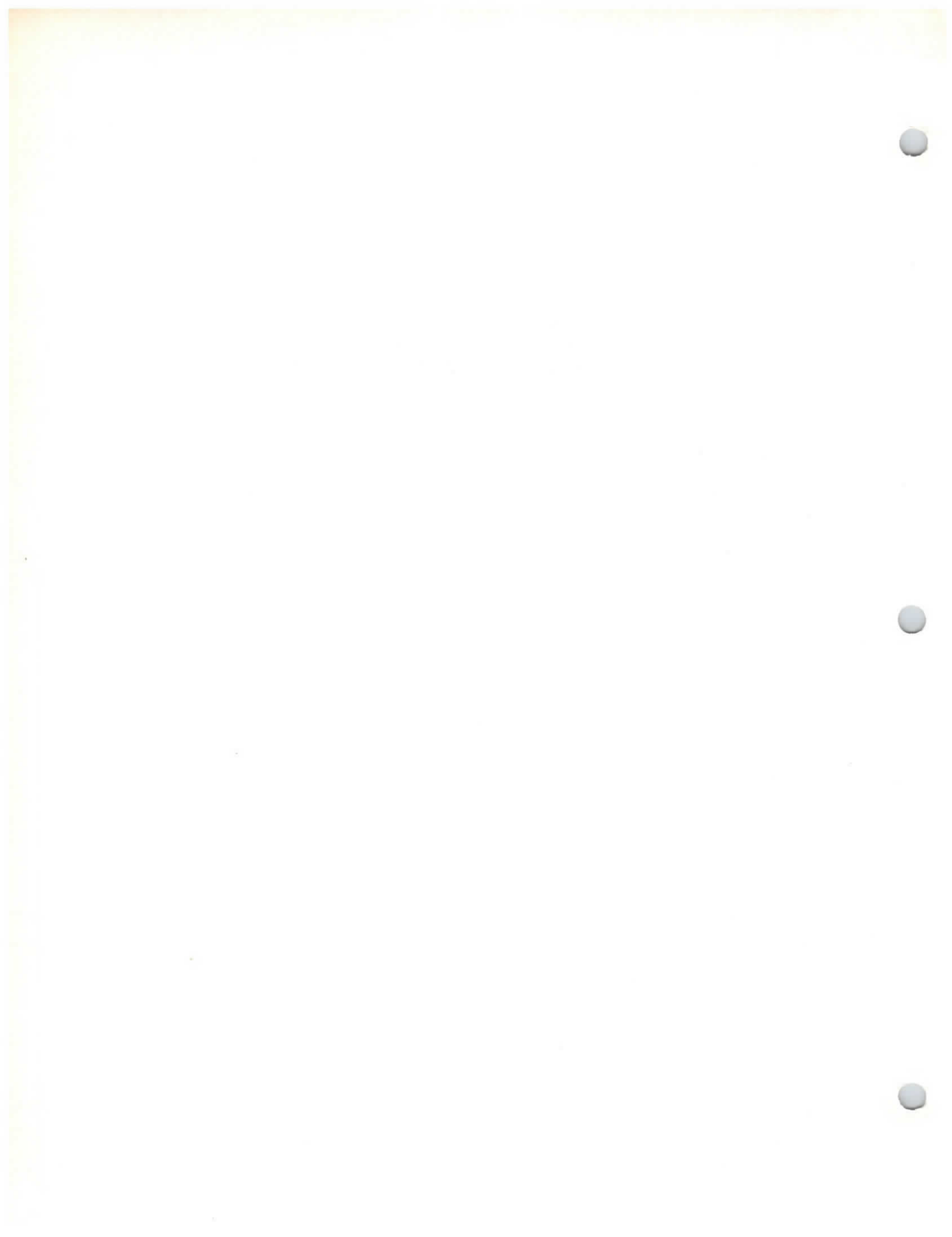
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GEORGLA



Oklahoma



DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No.

State of Oklahoma

Registrar's No. 78

PLACE OF DEATH:

(a) County LeFlore County
(b) City or town Heavener Star Rt.
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution.

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(d) Street No.
(e) Citizen of foreign country?

In this community

3(a) FULL NAME Mrs. Alice McKay

3 (b) If veteran, name war No. 3 (c) Social Security No.

4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced

6 (b) Name of husband or wife. 6(c) Age of husband or wife, if alive

7. Birth date of deceased May 8 1872

3. AGE: Years Months Days If less than one day

9. Birthplace Alabama

10. Usual occupation House Wife

11. Industry or business

12. Name Woodams

13. Birthplace Alabama

14. Maiden name

15. Birthplace

16. (a) Informant's own signature

17 (a) Burial (b) Date thereof 28 1942

(c) Place; burial or cremation Howe
Was body embalmed? Yes YES No
Signature of embalmer

18. (a) Signature of funeral director

(b) Address

19 (a) 3-31-42 (b) Registrar's signature

MEDICAL CERTIFICATION

20. Date of death: Month day year hour minute

21. I hereby certify that I attended the deceased from July 5 1942, to that I last saw h alive on and that death occurred on the date and hour stated above.

Immediate cause of death

Accidental fire storm

Due to

Due to

Other conditions

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (e) Means of injury

23. Signature Date signed 3-28-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.



State Department of Health

State of Oklahoma

ROGER C. PIRRONG
STATE REGISTRAR OF VITAL STATISTICS

OKLAHOMA CITY, OKLAHOMA 73152

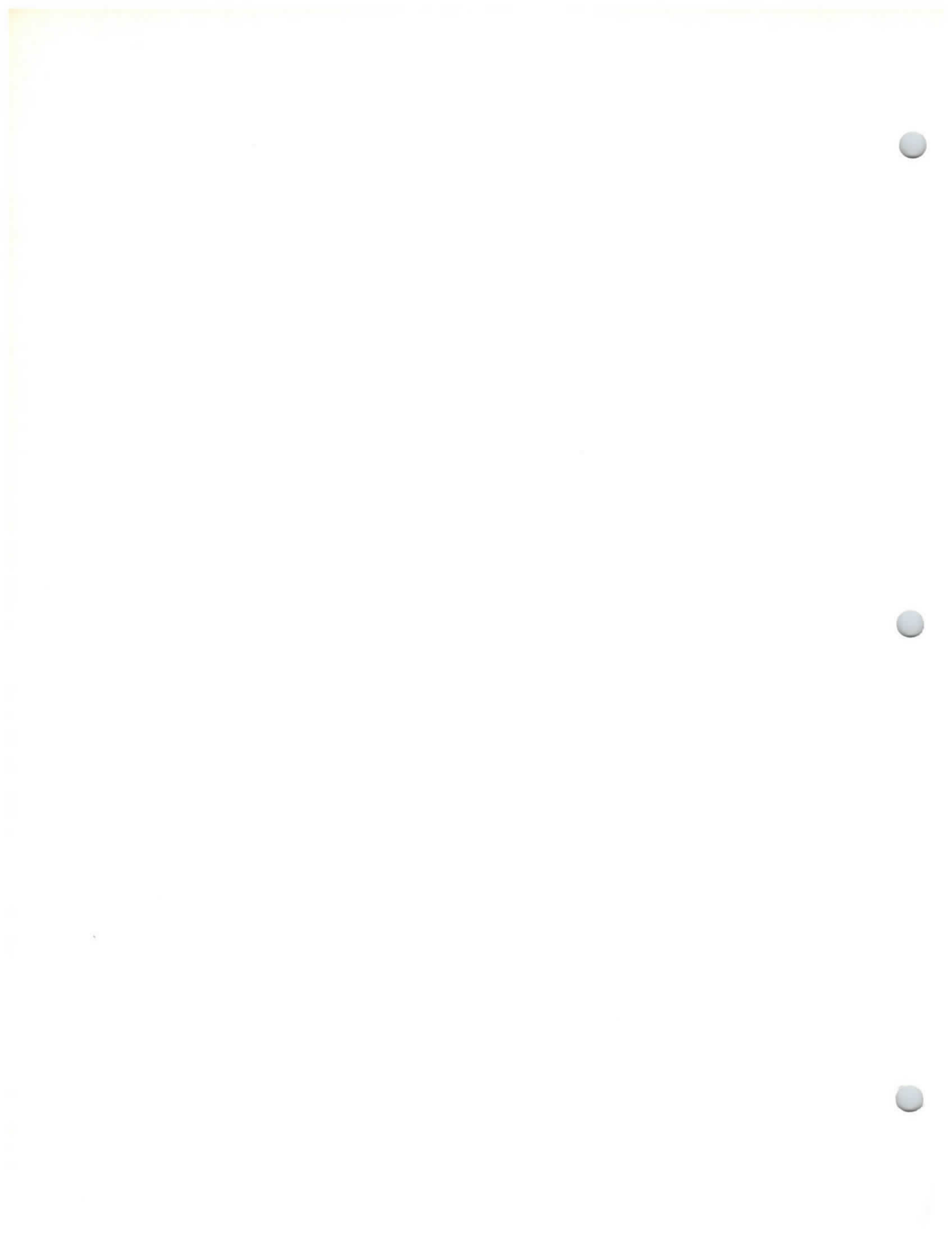
CERTIFIED COPY MUST
HAVE EMBOSSED SEAL

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

JULY 11, 1979

STATE REGISTRAR

Pennsylvania



WARNING: It is illegal to duplicate this copy by photostat or photograph.

HVS-20112-300M-3-65
(100 Cert. per book)
(Fee for this Certificate, \$1.00)



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

No 115175

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

Registered No. 2

Full Name of Deceased MARK WOODHAM
First Middle Last

Usual Address Box 150 B - RD # 4 SEWICKLEY Allegheny PENNA.
Number Street City or town County State

Place of Death SEWICKLEY VALLEY HOSPITAL SEWICKLEY Allegheny Pennsylvania
City, Borough or Township County

Date of Death JAN. 2. 1966 Social Security No. - Race WHITE

Marital Status NEVER MARRIED Sex MALE Date of Birth JUNE 24. 1965

Occupation - None - Birthplace PENNA.

If Veteran, which War - Veteran's Serial No. -

MEDICAL CERTIFICATE

Part I. Death was caused by:

Immediate Cause (a) ACUTE BRONCHOPNEUMONIA

Due To (b)

Due To (c)

Interval Between Onset and Death

Part II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)

Accident, Suicide or Homicide How did injury occur

Name and Title of Person Who Certified Cause of Death: PER: Joseph B. Dobbs, M.D., D.O., Coroner Wm R. Hershberger - Dep.

Address 542 Fourth Ave PITTSBURG
Street City

This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to State Vital Statistics, Harrisburg, Pennsylvania for permanent filing.

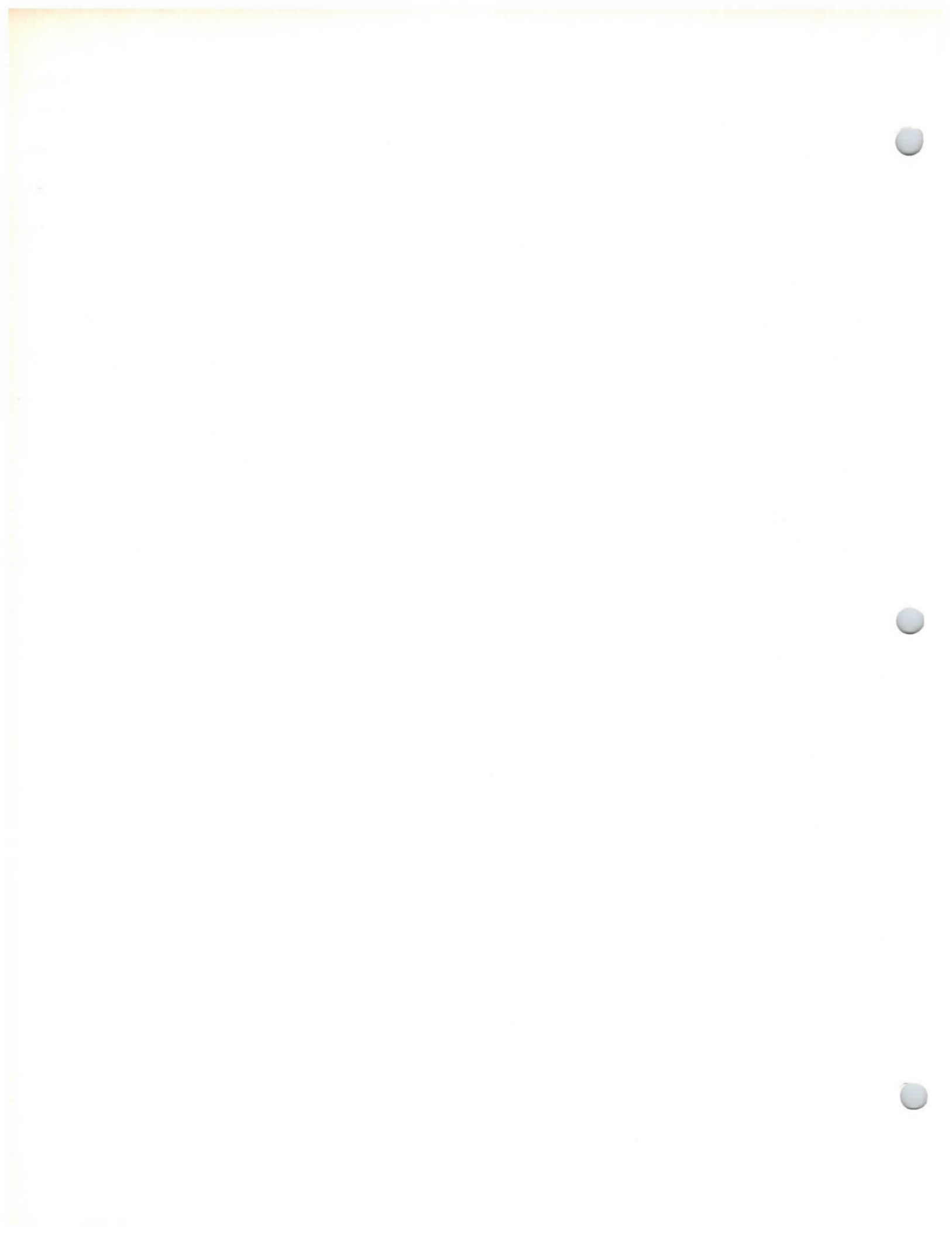


Georgia M. Peary 70.039
Local Registrar of Vital Statistics District No.

308 Hill St - Sewickley PA 15143
Street Address City, Borough, Township

JAN. 4 1966
Date of Issue of This Certification

1 - 3 1966
Date Received by Local Registrar



007444



Form No. 10

1. PLACE OF DEATH

CERTIFICATE OF DEATH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only.

13767

County of Lee
Township of Stokus Bridge
or
Inc. Town of ..
or
City of ..

Registration District No. 3008
(No. St.; Ward)

Registered No. 22
(For use of Local Registrar)
(If death occurred in a Hospital or Institution give its NAME instead of street and number.)

2. FULL NAME Mahala Shirley

Residence In City Yrs. Mos. Days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. widowed
(Write the word)

18 DATE OF DEATH July 5, 1919
(Month) (Day) (Year)

6 DATE OF BIRTH Don't know
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from July 2-1919 to July 5, 1919 that I last saw her alive on July 4, 1919 and that death occurred, on the date stated above, at 8:30 A.M. The CAUSE OF DEATH* was as follows: ..

7 AGE about 80 yrs. mos. dys. If LESS than 1 day. hrs. or min.?

Cancer (face)
(Duration) 3 yrs. mos. days

8 OCCUPATION (a) Trade, profession, or particular kind of work. House duties (b) General nature of industry, business, or establishment in which employed (or employer) ..

Contributory (SECONDARY) .. (Signed) C. W. Jarvis M.D. 7-5-19 (Address) Bishopville

9 BIRTHPLACE (State or Country) SC

10 NAME OF FATHER Stephen Hoodhouse

11 BIRTHPLACE OF FATHER (State or Country) Alabama

12 MAIDEN NAME OF MOTHER Amelia Moore

13 BIRTHPLACE OF MOTHER (State or Country) SC

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) D. C. Harris (Address) Bishopville SC

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

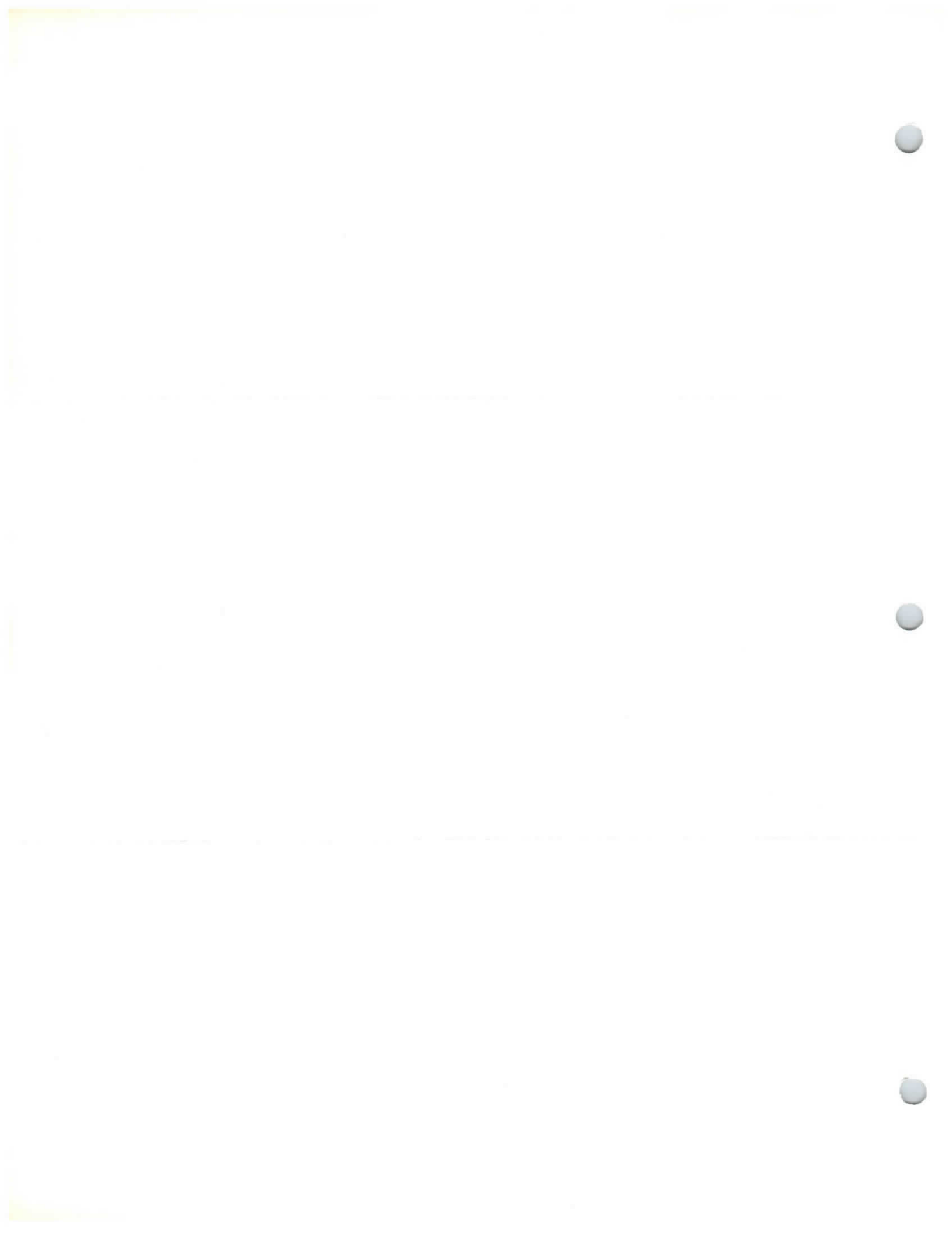
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or recent residents. At place of death yrs. mos. dys. In the State yrs. mos. dys. Where was disease contracted, ..

If not at place of death? Former or usual Residence ..

15 Filed July 8, 1919 B. M. Smith LOCAL REGISTRAR.

19 Place of Burial or Removal Savannah Cemetery DATE OF BURIAL July 6, 1919

20 UNDERTAKER Phagen Funeral Co. ADDRESS Bishopville SC





STATE OF TENNESSEE
 DEPARTMENT OF PUBLIC HEALTH
 CORDELL HULL BUILDING
 NASHVILLE, TENNESSEE 37219



Wendell Swiggen
 STATE REGISTRAR

NOV. 21, 1979

I hereby certify the below to be a true and correct copy of the original document on file in this Department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and red imprinted signature of the State Registrar are affixed.

E. W. Fowinkle
 EUGENE W. FOWINKLE, M.D.
 Commissioner

1 PLACE OF DEATH		STATE OF TENNESSEE	
County <i>Meigs</i>		STATE BOARD OF HEALTH	1252
Civil Dist. <i>10th</i>		Bureau of Vital Statistics	
OR		CERTIFICATE OF DEATH	
Village		Registration District No. <i>512</i>	File No. <i>6</i>
OR		Primary Registration District No.	Registered No.
City		(No. _____ St. _____ Ward _____)	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME <i>Margaret L. Collier</i>			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 MARRIAGE STATUS <i>Married</i>	6 DATE OF BIRTH
		(Write the word)	
7 AGE <i>56</i>		IF LESS than 1 day, hrs. or min.	
8 OCCUPATION <i>Housewife</i>			
9 BIRTHPLACE <i>Ala</i>			
10 NAME OF FATHER <i>William Hoodham</i>			
11 BIRTHPLACE OF FATHER <i>Ala</i>			
12 MAIDEN NAME OF MOTHER <i>Lizzie Bell Boyd</i>			
13 BIRTHPLACE OF MOTHER <i>Ala</i>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
Signature <i>Frank Hoodham</i>			
Address <i>Loretto Tenn</i>			
Date <i>Feb. 10, 1926</i> Registrar <i>J. E. Cunningham</i>			
MEDICAL CERTIFICATE OF DEATH			
15 DATE OF DEATH <i>Jan - 20 1926</i>			
16 I HEREBY CERTIFY That I attended deceased from <i>Jan - 14 1926</i> to <i>Jan 20 1926</i> that I last saw her alive on <i>Jan - 18 1926</i> and that death occurred on the date stated above at <i>5:30 P.M.</i>			
17 THE CAUSE OF DEATH* was as follows <i>Pulmonary Tuberculosis 31</i>			
Contributory (Secondary) _____			
Signed <i>Leo C. Harris</i> M. D. <i>1-21-26</i> Address <i>Loretto Tenn</i>			
* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
At place of death _____ yrs. _____ mo. _____ da. In the _____ State _____ yrs. _____ mo. _____ da. Where was disease contracted, if not at place of death? _____			
Former or usual residence _____			
19 PLACE OF BURIAL OR REMOVAL <i>Edridge Tenn</i>		DATE OF BURIAL <i>1-29-26</i>	
20 UNDERAKER <i>M Jones</i>		ADDRESS <i>Edridge Rv</i>	

