

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed.

NOVEMBER 1, 1995

*Dorothy S. Harshbarger*

Dorothy S. Harshbarger, State Registrar

Department of Commerce  
Bureau of the Census

11903

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

Reg. District No. 4935025 Certificate No. 11903  
To be filled out by local registrar

1. PLACE OF DEATH: Do Not Write Here  
4935025  
County Mobile Beat No. \_\_\_\_\_  
City or Town Mobile  
(If outside corporate limits of city or town write RURAL)  
Street address Mobile Infirmary  
(If in hospital or institution, give name only)  
Length of stay in place of death 3 days  
(Specify in years, months and days)  
Do Not Write Here  
0000210

17. MEDICAL CERTIFICATION  
Date of death May 3, 1941  
(Month by name) (Day) (Year)  
Immediate cause of death Cerebral Apoplexy  
Due to General arteriosclerosis  
83 atherosclerotic hyperplasia  
Due to 97  
Other important conditions not causally related to immediate cause: \_\_\_\_\_  
Name of operation: \_\_\_\_\_  
Date of operation: \_\_\_\_\_  
Major findings of operation: \_\_\_\_\_  
of autopsy: \_\_\_\_\_  
If woman, indicate pregnancy within 3 months of death (Yes or No) No  
I hereby certify that I attended the deceased from 5/1, 1941, to 5/3, 1941;  
that I last saw him alive on 5/3, 1941;  
and that death occurred at 6:30 P.M. on the date stated above from causes given.  
Attendant's own signature A. D. Anderson, M. D.  
Date signed 5/5, 1941  
Address Mobile Ala  
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

2. USUAL RESIDENCE OF DECEASED  
(For newborn infants give residence of mother)  
State Miss.  
County Greene Beat No. \_\_\_\_\_  
City or Town Leaksville  
(If outside corporate limits of city or town write RURAL)  
Street address (If rural, give R. F. D. and Box No.) H16

3. FULL NAME OF DECEASED  
Frances Alford  
4. Sex Female 5. White or colored race? white  
6. Social Security Number none 7. (a) Single, married, widowed or divorced? widowed  
7. (b) If married, widowed or divorced, give name and age of husband or wife Ethaw Alford Yrs. Age if alive  
8. Date of birth of deceased May 7, 1858  
(Month by name) (Day) (Year)  
9. AGE: Years Months Days If less than one day  
82 11 26 hrs. min.  
10. Birthplace Citronelle Alabama  
(City, town or county) (State or foreign country)  
11. Usual occupation at home 12. Industry or business at home  
13. Name D.K.  
14. Birthplace D.K.  
(City, town or county) (State or foreign country)  
15. Maiden Name D.K.  
16. Birthplace D.K.  
(City, town or county) (State or foreign country)

CERTIFICATION OF PERSON IN CHARGE OF BODY  
Removal, EXHUMATION  
Date thereof May 3, 1941  
Place of burial or cremation Leaksville Greene Miss.  
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 Ebb Alford, said to be related to the decedent as son whose address is Leaksville, Miss.  
Signature of person in charge of body Higgins Mortuary Date signed May 3, 1941  
(Month by name) (Day) (Year)

20. Received May 5, 1941 Permit Issued \_\_\_\_\_  
19 \_\_\_\_\_

STATEMENT OF REGISTRAR  
Registrar's own signature W. W. Seal