THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ALABAMA
Center for Health Statistics

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED

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FILL IN WITH A TYPEWRITER OR WRITE PLAINLY WITH DARK INK. DO NOT USE GREEN NOR 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

981

VS-2—Rev. 11-48

ANY ALTERATIONS VOID THIS DOCUMENT

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CERTIFICATE OF DEATH
STATE OF ALABAMA 3178 24124

1. PLACE OF DEATH
a. County Jefferson b. Beat No. 37026
c. City (If outside city or town limits, write RURAL) Or Town Birmingham d. Length of Stay (in this place) 10 yrs
e. Full Name of Hospital Or Institution (If not in hospital or institution, give street address or location) Jefferson-Hillman

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. State Alabama b. County Jefferson
c. City (If outside city or town limits, write RURAL) Or Town Birmingham d. Beat No. 37026
d. Street Address (If rural, give location) 1133 W. 16th Ave.

3. Name of DECEASED (Type or Print) a. (First) Sammie b. (Middle) Lee c. (Last) Williams
4. Date Of Death (Month) March (Day) 28 (Year) 49

5. Sex Male | 6. Color or Race Col | 7. Married, Never Married, Widowed, Divorced (Specify) Married | 8. Date of Birth 9/2/13 | 9. Age (In years last birthday) 36 | If Under 1 Year: Months, Days | If Under 24 Hrs.: Hours, Min.

10a. Usual Occupation (Give kind of work done during most of working life, even if retired) Cook & Waiter | 10b. Kind of Business or Industry Restaurant | 11. Birthplace (State or foreign country) Alabama | 12. Citizen of What Country? U. S.

13. Father's Name Sam W. Williams | 14. Mother's Maiden Name Rosa Colston

15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) No | 16. Social Security No. | 17. INFORMANT'S NAME AND ADDRESS Lawrence Williams 133-16 Ave. West

MEDICAL CERTIFICATION

18. Cause of Death. Enter only one cause per line for (a), (b), and (c).
"This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. Disease or Condition Directly Leading to Death* (a) Bullet wound of chest and abdomen with perforation of Left Lung, Left Kidney, Stomach and transverse colon. Pulmonary edema
Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due To (b)
Due To (c)
Interval Between Onset and Death

II. Other Significant Conditions Contributing to death but not related to the disease or condition causing death.

19a. Date of Operation 11-20-49 | 19b. Major Findings of Operation 981 X Crush Syndrome, Uremia | 20. Autopsy? Yes [ ] No [ ]

21a. Accident Suicide, Homicide (Specify) | 21b. Place of Injury (home, farm, factory, street, office bldg., etc.) Street | 21c. City, Town, or Rural (County) (State) Birm. Jeff. Ala.

21d. Time of Injury (Month) Nov. (Day) 20 (Year) 49 (Hour) m. | 21e. Injury Occurred While at Work [ ] Not While at Work [X] | 21f. How Did Injury Occur? Shot on #6 Street Car.

22. I hereby certify that I attended the deceased from 11-20 19 49 to 11-28 19 49 that I last saw the deceased alive on 11-28 19 49 and that death occurred at 1:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. C. Buck, Jr. (Degree or title) M.D. | 23b. Address Jefferson-Hospital | 23c. Date Signed 11/29/49

24a. Burial, Cremation, Removal (Specify) Burial | 24b. Date 12/4/49 | 24c. Name of Cemetery or Crematory Grace Hill Cemetery | 24d. Location (City, town, or county) (State) Birmingham, Alabama

Date Rec'd by Local Reg. 12-8-49 | Registrar's Signature [signature] | 25. Funeral Director Jones Funeral Home Birmingham, Ala. | Address

ALABAMA DEPARTMENT OF HEALTH AND U. S. PUBLIC HEALTH SERVICE COOPERATING

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2012-396-868-5

October 8, 2012

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics