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

ONLY  
VALID IN  
ALABAMA

*Forest E. Ludden*  
STATE REGISTRAR

CERTIFICATE OF DEATH.

140

[Form No. 2]

Deceased *James Clark Roberts*

Day *24*; month *Oct* 19*70*; Hour: *10* A. M. / *10* P. M.

(county) *Fayette*; beat *Russell*

; ward \_\_\_\_\_; street and No. \_\_\_\_\_

deceased (state or country) *South Carolina*

Age *70* Male or female? *Male* Occupation *Farmer*

deceased reside at place of death? *About 25 years*

How contracted? *at home* Duration of illness *2 years*

Cause of death *Sprung of the Brain*

Immediate cause of death \_\_\_\_\_

How, or accidental, state definitely how accomplished \_\_\_\_\_

Undergo a surgical operation, and if so when and of what nature? *No*

Age \_\_\_\_\_; months \_\_\_\_\_; days \_\_\_\_\_; single, married or widowed? *Widowed*

Other of deceased *H Roberts*

Other (state or country) \_\_\_\_\_

Other of deceased *Shelley Grant*

Other (state or country) \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Reporter \_\_\_\_\_

Post Office \_\_\_\_\_