

872363

Katz, Brenman, Angel  
7825 Brady Street R-5  
Mem 4640

FILED

AUG 28 1986

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

Oct. 8, 1982

AUG 29 2 41 PM '86  
STATE REGISTRAR

Frank - Village Ord  
#27-023  
#49-467-27

STATE OF ALABAMA  
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE, OR PRINT IN PERMANENT INK

1. DECEASED—NAME FIRST MIDDLE LAST Troy Clayton Adams						2. DATE OF DEATH (MONTH, DAY, YEAR) August 28, 1982	
3. RACE OR COLOR White		4. SEX M	5. AGE—LAST BIRTHDAY (YEARS) 5a. 72		6. DATE OF BIRTH (MONTH, DAY, YEAR) 6a. 6-9-3-1909		7. COUNTY OF DEATH Jefferson
8. CITY, TOWN, OR LOCATION OF DEATH Birmingham, Ala.			9. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) University Hospital 16		
11. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Alabama		12. CITIZEN OF WHAT COUNTRY U. S. A.		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Lucy Glass	
15. SOCIAL SECURITY NUMBER 1-17-22-7533		16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Retired Steel Worker			17. KIND OF BUSINESS OR INDUSTRY Steel		
18. RESIDENCE—STATE Tennessee		19. COUNTY Lawrence		20. CITY, TOWN, OR LOCATION Five Points		21. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	
22. STREET AND NUMBER 143 150		23. CITY, TOWN, OR LOCATION Lawrence		24. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		25. STREET AND NUMBER Gen. Del.	
26. FATHER—NAME FIRST MIDDLE LAST Samuel Adams			27. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Ella Mae Cowan				
28. PHYSICIAN'S NAME (IF ANY) Dr. Gary Gross				29. INFORMANT—NAME Mrs. Edith Morris			
30. ADDRESS University Sta., B'ham, Ala.				31. ADDRESS 2600 Johnson St. Gary, Ind.			

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

CERTIFICATION

35

BURIAL

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) Cerebral hemorrhage						12 hours	
19. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (b) Renal and respiratory failure						2 weeks	
20. STATING THE UNDERLYING CAUSE LAST (c) Motor Vehicle Accident						8/20 2 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				19a. AUTOPSY (YES OR NO) No		19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH No	
21. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) Accident				22. DATE OF INJURY (MONTH, DAY, YEAR) 8-9-82		23. HOUR 3P	
24. INJURY AT WORK (SPECIFY YES OR NO) No		25. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (SPECIFY) Street		26. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) Motor Vehicle accident			
27. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 8 10 82 TO 8 28 82		28. HOUR OF DEATH 1145 P		29. DID/DID NOT VIEW THE BODY AFTER DEATH DID		30. DID/DID NOT VIEW THE DEATH OCCURRED AT the place, on the date, and to the best of my knowledge, due to the M. cause(s) stated. 8 28 82 1145P	
31. CERTIFIER, PHY., CORONER OR HEALTH OFFICER—TYPE OR PRINT GARY M. ROSS, M.D.				32. SIGNATURE [Signature]		33. DATE SIGNATURE 9-10-82	
34. MAILING ADDRESS—CERTIFIER UNIVERSITY STATION				35. STREET OR R.F.D. NO. B'HAM, AL		36. CITY OR TOWN Birmingham	
37. STATE Tennessee		38. ZIP 35294					
39. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		40. CEMETERY OR CREMATORY—NAME Mitchell Cemetery		41. LOCATION Anderson,		42. STATE Ala.	
43. DATE (MONTH, DAY, YEAR) AUG. 31, 1982		44. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Lay Funeral Home P.O. Box 175 Ethridge, TN 37530					
45. FUNERAL DIRECTOR'S SIGNATURE Paul Howard		46. REGISTRATION NUMBER 2626		47. REGISTRAR'S SIGNATURE [Signature]		48. DATE RECEIVED BY LOCAL HEALTH OFFICER September 28, 1982	

Pulaski, Tennessee