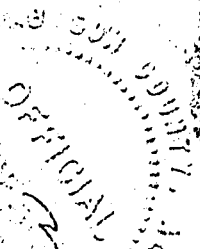


992644

538 Fillmore
Dyer 4/6/81
Linda Brown

Key # 14-149-20
Northgate 8th Add to
Town of Dyer
Lat 459



THIS IS A TRUE AND CORRECT COPY
OF A DOCUMENT ON FILE AT THE
DEPARTMENT OF HEALTH

FILED

24. SEP. 1984

AUG 17 1988

Victoria Perry
COUNTY HEALTH
COUNTY REGISTRAR

Anna N. Anton
AUDITOR LAKE COUNTY

DESIGNATED A COPY BEING
BY THE ALABAMA STATE COMMITTEE
OF PUBLIC HEALTH
SEPTEMBER 10, 1981.

LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, ALABAMA 36007
FILED FOR LAKE COUNTY
AUG 17 8

D-15636

STATE OF ALABAMA
CERTIFICATE OF DEATH

TYPE, OR PRINT IN PERMANENT INK

UNLASED

DATE

NO PHYSICIAN WAS IN ATTENDANCE

MEDICAL CERTIFICATION

ISSUED

BURIAL

FORM VS-2/Rev. 6-81

1. DECEASED—NAME FIRST: Thomas MIDDLE: Alexander LAST: Brown			DATE OF DEATH MONTH: Sept 13, DAY: 1984			
2. RACE OR COLOR White	3. SEX Male	4. AGE—LAST BIRTHDAY (YEARS, MOS., DAYS) 29	5. UNDER 1 YEAR MOS. DAYS HOURS MIN.	6. UNDER 1 DAY HOURS MIN.	7. DATE OF BIRTH (MONTH, DAY, YEAR) Oct 7, 1954	8. COUNTY OF DEATH Madison
9. CITY, TOWN, OR LOCATION OF DEATH Huntsville		10. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	11. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN CITY) Huntsville Hospital			
12. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Indiana		13. CITIZEN OF WHAT COUNTRY US		14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		15. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Linda Carol Couse
16. SOCIAL SECURITY NUMBER 305-62-3655		17. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Supervisor/ Receiving Dept		18. KIND OF BUSINESS OR INDUSTRY Carpet		
19. RESIDENCE—STATE Ind	20. COUNTY Lake	21. CITY, TOWN, OR LOCATION Dyer		22. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	23. STREET AND NUMBER 538 Fillmore Ave	
24. FATHER—NAME FIRST: Robert MIDDLE: Hall LAST: Brown			25. MOTHER—MAIDEN NAME FIRST: Alta MIDDLE: Marie LAST: Nelson			
26. PHYSICIAN'S NAME (IF ANY) Dr. Joseph Triplett			27. INFORMANT—NAME Widow - above			
28. ADDRESS Huntsville, Ala			29. ADDRESS Widow - above			

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), AND (3))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
12. IMMEDIATE CAUSE (1) <i>Malignant cerebral edema</i> DUE TO, OR AS A CONSEQUENCE OF, (2) <i>Severe head injury with multiple fractures</i> DUE TO, OR AS A CONSEQUENCE OF, (3) <i>skull and cerebral intracranial clot</i>			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (1)			
13. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	14. DATE OF INJURY (MONTH, DAY, YEAR)	15. HOUR	16. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 12)
Accident	9-8-84		Motorcycle accident
17. INJURY AT WORK (SPECIFY YES OR NO)	18. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	19. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	21. MONTH DAY YEAR 9-8-84	22. AND LAST SAW HIM/HER ALIVE OR DEAD MONTH DAY YEAR 9-13-84	23. SHOULD NOT VIEW THE DEATH OCCURRED AT THE PLACE OF BODY AFTER DEATH. (HOUR) I DID
24. CERTIFICATION—CORNER OR HEALTH OFFICER: On the basis of the observation of the body and/or the investigation, in my opinion death occurred on the date and due to the cause(s) stated.		25. HOUR OF DEATH 9-13-84	
26. CERTIFYING PHYSICIAN (TYPE OR PRINT) Dr. Joseph Triplett		27. THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR 9-13-84	
28. MAILING ADDRESS—CERTIFIER 105 Rand Avenue Huntsville AL 35801		29. DATE SIGNED (MONTH, DAY, YEAR) 9-17-84	
30. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		31. CEMETERY OR CREMATORY—NAME Cedar Park Cemetery	
32. DATE (MONTH, DAY, YEAR) Sept 13, 1984		33. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Laughlin Service Funeral Home, 2320 Bob Wallace Ave SW, Huntsville Ala	
34. FUNERAL DIRECTOR—SIGNATURE John A. Turdy		35. DATE RECEIVED BY LOCAL REGISTRAR Sept 19, 1984	