

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.

OCTOBER 9, 1985 *Forest E. Ludden, Ed.D.*  
Forest E. Ludden, Ed.D., State Registrar

CERTIFICATE OF DEATH  
STATE OF ALABAMA

27508

1. PLACE OF DEATH a. COUNTY Covington 20035		BEAT NO. 9	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Florida b. COUNTY Walton		
b. CITY, TOWN, OR LOCATION Florala, Alabama		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	c. CITY, TOWN, OR LOCATION Paxton Florida 00098		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
d. NAME OF HOSPITAL OR INSTITUTION Lakeview Hosp		e. LENGTH OF STAY IN 1b DOA	d. STREET ADDRESS Stella Rt Florala		ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN FRAZIER 626			4. DATE OF DEATH Month Day Year Dec 23 1962		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 12, 1883	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life) Famer		10b. KIND OF BUSINESS OR INDUSTRY Fam	11. BIRTHPLACE (State or foreign country) Jackson County Ky		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		14a. NAME OF SURVIVING SPOUSE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 233-07-3630		17. INFORMANT'S NAME Mrs Ruth Chandler Address Florala, Alabama Stella R	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Dead on arrival</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Chronic myocarditis</i>					SUDDEN
DUE TO (c) <i>4222a</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Dead on arrival at Hospital</i> to <i>Hospital</i> and last saw her him alive on <i>11 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title) MD		22b. ADDRESS Florala, Alabama		22c. DATE SIGNED 12/27/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/26/62	23c. NAME OF CEMETERY OR CREMATORY New Harmony Cemetery		23d. LOCATION (City, town, or county) (State) Rt #2 De Funiak Fla
24 FUNERAL DIRECTOR <i>John Grant</i>		ADDRESS Floralala, Ala	25. DATE RECD. BY LOCAL REG. 1-2-63	26. REGISTRAR'S SIGNATURE <i>Lucile J Manuel</i>	