

I HEREBY CERTIFY THIS IS
TRUE COPY OF THE RECORD ON
FILE IN THE ALLENDALE
COUNTY HEALTH DEPARTMENT.

MAR 20 1992

[Signature]
COUNTY REGISTRAR

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CERTIFICATE OF DEATH

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE
OTHER SIDE
AND HANDBOOK

STATE BIRTH NUMBER

STATE FILE NUMBER

DECEDENT'S NAME <i>First</i> 1. Claudia		<i>Middle</i> Brunson		<i>Last</i> Smith		SEX 2. Female	DATE OF DEATH (Month, Day, Year) 3. March 13, 1992
SOCIAL SECURITY NUMBER 4. 250-01-6433		AGE - Last Birthday (Years) 5a. 89	UNDER 1 YEAR 5b. Months: _____ Days: _____		UNDER 1 DAY 5c. Hours: _____ Minutes: _____		DATE OF BIRTH (Mo., Day, Year) 6. Sept. 1, 02
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) 8. no		9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____					
9a. FACILITY NAME (If not institution, give street and number) Allendale County Hospital				CITY, TOWN, OR LOCATION OF DEATH 9c. Fairfax		COUNTY OF DEATH 9d. Allendale	
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) 10. Widowed		SURVIVING SPOUSE (If wife, give maiden name) 11. none		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. Homemaker		KIND OF BUSINESS/INDUSTRY 12b. In Own Home	
RESIDENCE - STATE 13a. SC	COUNTY 13b. Allendale	CITY, TOWN, OR LOCATION 13c. Allendale		STREET AND NUMBER 13d. 8 Parkwood Terrace		INSIDE CITY LIMITS? (Yes or No) 13e. yes	
ZIP CODE 13f. 29810		Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify) _____		RACE - American Indian, Black, White, etc. (Specify) 15. White		DECEDENT'S EDUCATION (Specify only highest grade completed) 16. 12 College (1-4 or 5-)	
FATHER'S NAME <i>First</i> 17. William L. Brunson			<i>Middle</i> Smith			<i>Last</i> Brunson	
MOTHER'S NAME <i>First</i> 18. Annie			<i>Middle</i> Basset			<i>Maiden Surname</i> Brunson	
9d. INFORMANT'S NAME (Type/Print) 19a. Samuel Smith				MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 1215 Charlestown Dr., Charleston, SC 29407			
METHOD OF DISPOSITION 20a. <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20b. Beaufort National Cemetery		LOCATION - (City or Town, State) 20c. Beaufort, SC			
FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Signature) 21a. <i>[Signature]</i>		FUNERAL DIR. LICENSE NO. 21b. 1097		NAME AND ADDRESS OF FACILITY 21c. Smith-Rhoden Funeral Home 215 Water Street Allendale, SC 29810		LICENSE NUMBER (of facility) 22b. 9	
EMBALMER (Signature) 21c. <i>[Signature]</i>		EMBALMER LICENSE NO. 21d. 1049					
23a. Signature and Title		To the best of my knowledge, death occurred at the time, date, and place stated.		LICENSE NUMBER		DATE SIGNED (Month, Day, Year)	
24. 1:29 A M		25. March 13, 1992		26. No		WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No)	
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Myocardial Infarction				30 min - 1 hr	
		b. Coronary Artery Disease				Years	
		c. Chronic Congestive Heart Failure				Years	
		d. Diabetes				Years	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						AUTOPSY (Yes or No) 28a. no	
						IF YES, WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No) 28b.	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		DATE OF INJURY (Month, Day, Year) 30a.		TIME OF INJURY 30b. M		INJURY AT WORK? (Yes or No) 30c.	
		PLACE OF INJURY - (Home, Farm, Street, Factory, Office, etc.) (Specify) 30a.		LOCATION (Street and Number or Rural Route Number, City or Town, State) 30d.			
31. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death) <input checked="" type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 32.					
SIGNATURE AND TITLE OF CERTIFIER To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 33a. <i>[Signature]</i>		LICENSE NUMBER 33b. 2948		DATE SIGNED (Month, Day, Year) 33c. 03-19-92			
NAME AND ADDRESS OF PERSON WHO SIGNED IN 33a. (Type/Print) 34. H L Laffitte, MD. Memorial Ave. Allendale SC 29810							
REGISTRAR'S SIGNATURE 35. <i>[Signature]</i>		DATE FILED (Month, Day, Year) 36. Mar 20 1992					

9a. See Instructions On Other Side

9b. See Instructions On Other Side

9c. See Instructions On Other Side

9d. See Instructions On Other Side

12a. See Definition On Other Side

12b. See Definition On Other Side

13a. See Definition On Other Side

13b. See Definition On Other Side

30e. DHEC 670 Rev. 1990

Claudia Smith Letter
Granddaughter of Daddy's
Great Grandmother Claudia Hogsett

Dear Grandma and Papa 8-24-1987

I was very glad to hear from you and that you was interested in our family. I am having my 85th Birthday Aug 30. and see my family in Conning I am via Appleton. I would like to write you. I will let you know when all comes after my Birthday. I will send you the picture of your mother from Grandmother and Grandmother like your Grandmother. My father my Grandmother John. and wife and my wife are mother a picture from life and return it. My father had one Brother Down. He is buried at outside Christian Church and from attend. He was had one sister young. During the war between the states. and German were marching through. my Grandmother Claudia lives some in the past. my aunt was lived by the north. There her down and was going to Rome. a Yankee and was near her through him and killed him. after that down the same fact and married her. taking her to Virginia of Rome. She was living good, as was she.

II

Some from the region have been lost and the wire has been cut off - of course there was no mail from there before the North and South at that time. Even among families as the people of the region there were 1 of us - 3 have died, the living are few of Post Royal. There are few in the area and I also write to Hampton - I have 2 sons. I know of Joe Wagon and Army of Oklahoma. I know the few living in the region 15 miles. This is well called like the old in the area. I know of the largest Corp, 115th, in the region. I know of the 115th, in the region. There are also some other units in the region. I would like to see you all any time you can come. I would like to see you all any time you can come. I would like to see you all any time you can come.

Write soon

3 sons of Mary and Dittelle and have address

Keep me in your prayers.

also your great Grand mother - she -
 does belong. It was made in front
 of their home. It was nice to hear
 from you and it was lovely and
 thing like I will let you know. I
 please write Davis to help to see
 your you, also I would like to see
 your all your family - I am your
 great when you are blank for I will
 I am 83 and I hope you everyone
 this. I am your and then.
 one of your, please someone
 I hope I will help you
 your family
 (I hope in family)

My phone -
 813-534-3059.