

CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number

Local File Number **011514**

State File Number

DECEDENT'S NAME (First, Middle, Last) 1a. <b>James Joseph Brown</b>		IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME 1b.		SEX 2. <b>Male</b>	DATE OF DEATH (Mo., Day, Year) 3. <b>12-25-2006</b>				
RACE (White, Black, Amer. Indian, etc.) 4. <b>Black</b>		ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) 5. <b>American</b>		DATE OF BIRTH (Mo., Day, Year) 6. <b>5-3-1933</b>		AGE - Last Birthday (Years) 7a. <b>73</b>	UNDER 1 YEAR 7b. Mos. Days	UNDER 1 DAY 7c. Hours Mins.	COUNTY OF DEATH 8a. <b>Fulton</b>
CITY, TOWN or LOCATION OF DEATH 8b. <b>Atlanta</b>		HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.) 9a. <b>Emory Crawford Long Hospital</b>				IF HOSPITAL OR INST. (Indicate DOA, OP/EMER. Rm, Inpatient) (Specify) 9b. <b>Inpatient</b>			
STATE AND COUNTY OF BIRTH (If not in USA, name Country) 10a. <b>SC, Barnwell</b>		CITIZEN OF WHAT COUNTRY? 10b. <b>USA</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>widowed</b>		SPOUSE (If married or widowed, give spouse's name - if wife, give maiden name) 12. <b>Adrienne Lois Rodriguez</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) 13. <b>No</b>	
SOCIAL SECURITY NUMBER 14. <b>259-32-3801</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 15a. <b>Entertainer</b>			KIND OF INDUSTRY OR BUSINESS 15b. <b>Music</b>				
RESIDENCE - STATE 16a. <b>SC</b>		COUNTY 16b. <b>Aiken</b>		CITY, TOWN or LOCATION 16c. <b>Beech Island</b>		STREET AND NUMBER AND ZIP CODE 16d. <b>430 Douglas Dr</b>		INSIDE CITY LIMITS? (Yes or No) 16e. <b>Yes</b>	
FATHER'S NAME First Middle Last 17. <b>Joseph Brown</b>				MOTHER'S MAIDEN NAME First Middle Last 18. <b>Susie Behling</b>					
INFORMANT'S NAME First Middle Last 19a. <b>Yamma Brown Lumar</b>				MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip) 19b. <b>3594 Tuxedo Ct. Atlanta, GA 30305</b>			RELATIONSHIP 19c. <b>Daughter</b>		
BURIAL, CREMATION, REMOVAL (Specify) 20a. <b>Burial</b>		DISPOSITION DATE (Mo., Day, Year) 20b. <b>12-30-06</b>		CEMETERY OR CREMATORY NAME 20c. <b>430 Douglas Dr.</b>		LOCATION (City or Town, State, Zip, County) 20d. <b>Beech Island, SC 29842</b>			
FUNERAL DIRECTOR (Signature) 21a. <b>C.A. Reid</b>		FUN. DIR. LICENSE NO. 21b. <b>3128</b>		NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) 21c. <b>C.A. Reid Sr. Memorial F.H. 314-A Laney Walker Ext. Augusta, GA 30901</b>			EST. LICENSE NO. 21d. <b>1319</b>		
EMBALMER (Signature) 21e. <b>T. Reid</b>		EMBALMER LICENSE NO. 21f. <b>3532</b>							
23. IMMEDIATE CAUSE: (Enter only one cause per line for A, B, and C)									
A. <b>Cardiac Arrest</b>						Approximate interval between onset and death <b>30 minutes</b>			
B. <b>Myocardial Infarction/Pulmonary Edema</b>						Approximate interval between onset and death <b>30 minutes</b>			
C. <b>Coronary Artery Disease</b>						Approximate interval between onset and death <b>3 years</b>			
24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part 1A. (If female, indicate if pregnant or birth occurred within 90 days of death.) PART II <b>Diabetes Mellitus</b>						AUTOPSY (Yes or No) 25a. <b>NO</b>			
WAS OPERATION PERFORMED (Yes or No) 26a. <b>NO</b>		DATE OF OPERATION (Mo., Day, Year) 26b.		CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify) 26c.					
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) 27.		DATE OF INJURY (Mo., Day, Year) 28a.		DESCRIBE HOW INJURY OCCURRED 28b.			HOUR OF INJURY 28c.		
INJURY AT WORK? (Yes or No) 28d.		PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify) 28e.		LOCATION (Street, R.F.D. No., City or Town, State, Zip, County) 28f.					
29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <b>Marvin L. Crawford M.D.</b>				30a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)					
DATE SIGNED (Mo., Day, Year) 29b. <b>12/25/2006</b>		HOUR OF DEATH 29c. <b>11:45 A</b>		DATE SIGNED (Mo., Day, Year) 30b.		HOUR OF DEATH 30c.			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 29d.				DATE PRONOUNCED DEAD (Mo., Day, Year) 30d. ON		HOUR PRONOUNCED DEAD 30e. AT			
NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner) 31a. <b>Marvin L. Crawford M.D. - 32856</b>				ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip) 31b. <b>75 Piedmont Ave. Suite 600 Atlanta, Ga. 30308</b>					
REGISTRAR (Signature) 22a. <b>Katherine Williams</b>				DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22b. <b>JAN 12 2007</b>					

"CERTIFICATE OF RECORD"

THIS IS AN EXACT COPY OF THE DEATH CERTIFICATE RECEIVED FOR FILING IN FULTON COUNTY, GEORGIA.

LOCAL CUSTODIAN  
COUNTY OF FULTON, ATLANTA, GEORGIA

*Katherine Williams*

Filed: **1-18-2007**

Signed by: **Sue H. Roe**  
Judge of Probate

By: *[Signature]*  
DATE: **11/27/2007**