

COMMONWEALTH OF VIRGINIA
STATE DEPARTMENT OF HEALTH, RICHMOND



CERTIFICATE OF MARRIAGE

I, Alexander C. Zabriskie, a Clergyman

OF THE Protestant Episcopal CHURCH, OR RELIGIOUS ORDER

OF THAT NAME, DO CERTIFY THAT ON THE 18th DAY OF December, 1948,

AT Theological Seminary, Alexandria, VIRGINIA UNDER AUTHORITY OF A LICENSE ISSUED BY

Elliott F. Hoffman CLERK OF THE Corporation COURT OF Alexandria CITY

OR COUNTY, STATE OF VIRGINIA, DATED THE 8th DAY OF December, 1948,

I JOINED TOGETHER IN THE HOLY STATE OF MATRIMONY:

Robert Spring-Howard Peoples HUSBAND, AND Cora Felma McKewie, HIS WIFE.

GIVEN UNDER MY HAND THIS 18th DAY OF December, 1948.

Alexander C. Zabriskie

(PERSON WHO PERFORMS CEREMONY SIGN HERE.)

Marion
Francis McKenzie
B.N.C. 1819/20
D. Athens, Tenn. 13 Sep. 1900
(McMinn Co.)

David Wells & Ariah Ann Wells
b. 15 Aug 1822
Amanda
B. Tenn. 1815
D. Athens, Tenn. 26 Dec 1889
Elizabethton Cem. N.C. 1843

James Dewitt
Sc 1776-232 1829
James Dewitt
B.S.C. 1795
D. Clark Co. Ala. Good Springs 5 Feb 1875

29 Jan. Clarke Co. Ala
Agnes Roper
B.S.C. 1800
D. Clark Co. Ala. Dec 1840

George Wiggins
B. 1815 Georgia
D. Montgomery, Ala. c. 1858 Ball Co.

Jane McCall
B.N.C. 1821
D. Montgomery, Ala.

Francis Marion McKenzie
McMinn Co.
B. Athens, Tenn. 17 Dec 1851
D. Norman, Okla 9 Apr 1930
moved to Ark 1881; Sheriff, Franklin Co.

Nancy Abigail Shell
B. Athens, Tenn. 17 Jan 1852
D. Franklin Co. Ark. 24 Aug 1912

Alexander Hamilton Dewitt
B. Clark Co. Ala. 25 Dec 1833
D. Franklin Co. Ark 17 Jul 1914

Catherine Gordon Wiggins
B. Ball Co. Ala. 22 Jan 1844
D. Franklin Co. Ark. 9 Apr. 1910

James Obediah McKenzie
B. Athens, Tenn 12 Mar 1822
D. Franklin Co. Ark 20 Nov 1919

Mary Alena Dewitt
B. Clark Co. Ala. 13 Feb 1876
D. Ford Smith, Ark. 18 Aug 1959

John William Shelby
B. Tenn. 14 July 1853
D. Ark. 4 May 1906

William Harris
B. Grand Co. Tenn. 13 Oct 1818
D. Ark. 19 May 1881 (Emigrated from Hardin Co. Miss 1830.)

Alexander Francis McKenzie
B. Franklin Co. Ark. 5 July 1895
D. Bakersfield, Cal. 14 Oct 1975

Ola Frances Shelby
B. 14 Oct. 1895 Franklin Co. Ark.
D. 25 July 1957 Bakersfield, Calif.

Marguerite Ellen Harris
B. 21 Feb 1855
D. 14 May 1944

Cora Zelma McKenzie
B. 6 Dec. 1919 Franklin Co. Ark.
D. 18 Dec 1948

Robert E. H. Pieper
B. Estill, S.C. 13 Jan 1918
D.

1776



1890

THE NATIONAL SOCIETY OF THE

Daughters of the American Revolution

This certifies that

Cora Mc Kenzie Peeples

is a regularly approved member of the National Society of the Daughters of the American Revolution, having been admitted by the National Board of Management by virtue of her descent from a patriot who with unfailing loyalty rendered material aid to the cause of American Independence during the Revolutionary War.

*Given under our hands and the seal of the National Society
this first day of February 1985*

National No. 690253

Admitted February 1st 1985

Sarah M. King
President General

Ann D. Fleck
Recording Secretary General

Guth B. Hamm
Registrar General



THE NATIONAL SOCIETY OF THE

Daughters of the American Revolution

Recognizes

Mrs. Cora McKenzie Peeples
as a

LIFE MEMBER

*and expresses appreciation and gratitude for her devotion to the objectives of
our Society and her loyalty to God, Home and Country.*

Sept 22 1986
Date

Ann D. Fleck
President General, NSDAR

ARKANSAS STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

DELAYED BIRTH CERTIFICATE

(Do Not Write in This Space)

DELAYED

1870

1. PLACE OF BIRTH OF CHILD: County Franklin
City or Town Ozark
Street No. or Rural Route Rural Route #4
2. FULL NAME OF CHILD Cora Zelma McKenzie

3. Is Child Male or Female? Female
4. What is Child's color or race? White
5. Was Mother Married to Father of Child? Yes
6. What was date of Child's Birth? Dec. 6, 1919
(Month) (Day) (Year)

FATHER

MOTHER

7. Father's Full Name Alexander Francis McKenzie
8. Where was Father living at the time of this birth? Franklin County, Ark.
9. What is Father's color? White
10. What was Father's age at time of birth? 24 yrs.
11. In what State or Country was Father born? Arkansas
12. Mother's Full Name Before Marriage Ola Frances Shelby
13. Where was Mother living at the time of this birth? Franklin County, Ark.
14. What is Mother's color? White
15. What was Mother's age at time of birth? 24 yrs.
16. In what State or Country was Mother born? Arkansas

AFFIDAVIT

State of Arkansas
County of Franklin } ss.

I hereby swear under oath in full knowledge of the penalties of the law for false statement that, to my best knowledge and belief, the facts above stated are true and correct in every particular. I am related to this child as Father

(Attending physician, midwife, parent, older brother or sister, or other person having knowledge of this birth) and my present age is 48 years.

(Signed) Alexander F. McKenzie

Subscribed in my presence and sworn to before me this 9th day of July, 1943

W. H. Brown Taylor
(Notary Public or Other Official Empowered to Execute Oaths)

My Commission Expires Apr. 15, 1947

(Do Not Write Below This Line)

Filed July 12, 1943 W. H. Brown Taylor State Registrar

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT

This to certify, that the above is an exact reproduction of the original certificate which is on file in this office and of which I am legal custodian. In testimony whereof, witness my hand and seal of office at Little Rock, Arkansas. (Do not accept if rephotographed, or if seal cannot be felt. The reproduction of this document is prohibited by law, Arkansas Statute 82-523).

December 16, 1982

DATE

Henry C. Robinson, Jr.

STATE REGISTRAR

IT IS A CRIMINAL OFFENSE TO MAKE A FALSE STATEMENT ON THIS RECORD. Form VS-3-36

SMOOT, PITTS, ELLIOTT & BIEL

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

ATTORNEYS AT LAW

POST OFFICE DRAWER 23439

HILTON HEAD ISLAND, SOUTH CAROLINA 29925-3439

TELEPHONE: (843) 681-3200

FACSIMILE: (843) 681-3204

E-MAIL: smootpitts@mindspring.com

15C LAFAYETTE PLACE
HILTON HEAD ISLAND, SC 29926

WILLIAM M. SMOOT* +
BRIAN C. PITTS*
JAYE JONES ELLIOTT*
JACK H. BIEL* + +

* A Professional Association
+ Also Admitted in Virginia
+ + Also Admitted in Tennessee

October 8, 2001

Cora McKenzie Peeples
8 Moonshell Road
Hilton Head Island, SC 29928

Re: Jonesville Road Property; Peeples to Crago

Dear Mrs. Peeples:

Enclosed is a revised Partial Release of Mortgage for your review, execution, and return to our office for recording. At the time of the original partial release of the mortgage (September 1998), no plat showing Lots 1 and 2 was available for an accurate property description. Since that time, the property has been surveyed. The legal description cited in the enclosed partial release references the survey recorded in Plat Book 73 at Page 35. A copy of the survey and the old recorded partial release of the mortgage is enclosed for your information.

If you have any questions, please do not hesitate to call me or my assistant, Susan Olmstead. With kind regards, I remain

Sincerely,



William M. Smoot

WMS:slo
Enclosures

STATE OF SOUTH CAROLINA)
)
COUNTY OF BEAUFORT)

PARTIAL RELEASE OF MORTGAGE

WHEREAS, on August 10, 1995, Josephine Sweeney (Borrower") caused to be executed and delivered a certain Mortgage in the original principal sum of ONE HUNDRED THOUSAND AND NO/100 DOLLARS (\$100,000.00) to Cora McKenzie Peebles ("Lender") which said Mortgage is recorded in the Office of the Register of Deeds for Beaufort County in Mortgage Book 798 at Page 334; AND

WHEREAS, a partial release from the above referenced mortgage was recorded in the Office of the Register of Deeds in Book 1089 at Page 1232 intending to release the below described property; however, at the time of the recording of the initial partial release, there was not an adequate survey of record to describe the property and with there now being a recorded survey showing the property, this partial release is being recorded.

NOW, KNOW ALL MEN BY THESE PRESENTS that Lender, for valuable consideration in hand paid, the receipt and sufficiency whereof is hereby acknowledged, does hereby release and forever discharge from the lien of the above-referenced Mortgage the following-described real property, to wit:

All those certain pieces, parcels or tracts of land located on Hilton Head Island, Beaufort County, South Carolina and designated as Lot 1 and Lot 2 on a Plat thereof entitled "The Overlook at Old House Creek, a Two Lot, Single Family, Residential Development" prepared by William S. Sanders P.L.S. No. 16122, dated November 4, 1998 and recorded in the Office of the Register of Deeds for Beaufort County, South Carolina in Plat Book 73 at Page 35.

Together with those certain areas located on Hilton Head Island, Beaufort County, South Carolina and designated as Lot 1 Marsh, 0.35 Ac and Lot 2 Marsh, 0.37 Ac on the aforementioned Plat.

This Partial Release of Mortgage shall not in any way affect or impair the right of Lender to retain under said Mortgage, as security for the sums remaining due thereon or any sums subsequently advanced, all of the premises therein conveyed and not hereby released.

IN WITNESS WHEREOF, it has caused this Partial Release of Mortgage to be executed this _____ day of ^{October}~~August~~, 2001

LENDER:

(signature of #1 witness)

Cora McKenzie Peoples

(signature of #2 witness/notary)

STATE OF SOUTH CAROLINA)
)
COUNTY OF BEAUFORT)

ACKNOWLEDGMENT

I, the undersigned Notary Public, do hereby certify that the within named Cora McKenzie Peoples, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my Hand and Seal this _____ day of ^{October}~~August~~, 2001.

(signature of) _____
Notary Public for South Carolina
My Commission Expires: _____

2/10
12/3

Smoot, Pitts 95-282
③/3
1232

47837
STATE OF SOUTH CAROLINA)
)
) PARTIAL RELEASE OF MORTGAGE
COUNTY OF BEAUFORT)

KNOW ALL MEN BY THESE PRESENTS THAT I, Cora McKenzie Peeples, for valuable consideration in hand paid, receipt whereof is hereby acknowledged, hereby releases and forever discharges from the lien of Josephine Sweeney of that certain mortgage dated August 10, 1995, in the original sum of \$100,000.00 and recorded in the Office of the Register of Mesne Conveyance for Beaufort County, South Carolina, in Book 798 at Page 334, the following described real estate, to wit:

ALL that certain piece, parcel or tract of land located on Hilton Head Island, Beaufort County, South Carolina, designated as Lots 1 and 2, each containing 0.32 Ac., as shown on that certain plat entitled "A Tree & Topographic Survey of 0.71 Acres" prepared for Josephine Sweeney by William S. Sanders, PLS #16122. According to said plat said property is bounded on the North by southern right-of-way of Jonesville Road, on the East by lands now or formerly of Jacob Benjamin and Emory Riley, on the South by the marshes of Old House Creek, and on the West by lands now or formerly of Josephine Sweeney. According to said plat, said property begins at a concrete monument located on the northern corner of property now or formerly of Jacob Benjamin and Emory Riley at its intersection with the southern right-of-way of Jonesville Road; thence S 25°19'49" E for a distance of 111.97'; thence S 25°24'23" E for a distance of 53.63'; thence S 64°37'48" W for a distance of 19.80'; thence S 84°73'49" W for a distance of 57.99'; thence S 76°78'34" W for a distance of 73.89'; thence S 12°57'29" E for a distance of 39.08'; thence N 33°17'11" W for a distance of 34.42"; thence N 25°22'45" W for a distance of 174.37'; thence along a curve having a radius of 298.04', a length of 12.15', a tangent of 6.08', a cord of 12.15', a bearing of N 68°10'18" E, and a delta of 02°20' 11"; thence along a curve for a radius of 421.33', a length of 68.54', a tangent for 34.35', a cord for 68.47', a bearing of N 72°11'46" E, a delta of 09°19'16"; thence along a curve with a radius of 421.33', a length of 27.49', tangent of 13.75', a cord of 27.48', a bearing of N 78°43'32" E, a delta of 03°44'16"; thence N 78° 47'24" E for a distance of 55.02'; thence S 25°19'49E for a distance of 9.19' to the point of beginning.

It is specifically provided that nothing contained herein shall otherwise affect, impair or change the existing lien of the aforesaid mortgage and that said lien of said mortgage on the property remaining therein shall remain in full force and effect.

IN WITNESS WHEREOF, it has caused this instrument to be executed this 18th day of September, 1998.

IN THE PRESENCE OF:

[Handwritten Signature]
(signature of #1 witness)
[Handwritten Signature]
(signature of notary acting as #2 witness)

[Handwritten Signature]
Cora McKenzie Peeples

STATE OF SOUTH CAROLINA)
)
COUNTY OF BEAUFORT)

ACKNOWLEDGMENT
under S.C. Code § 30-5-30(C)

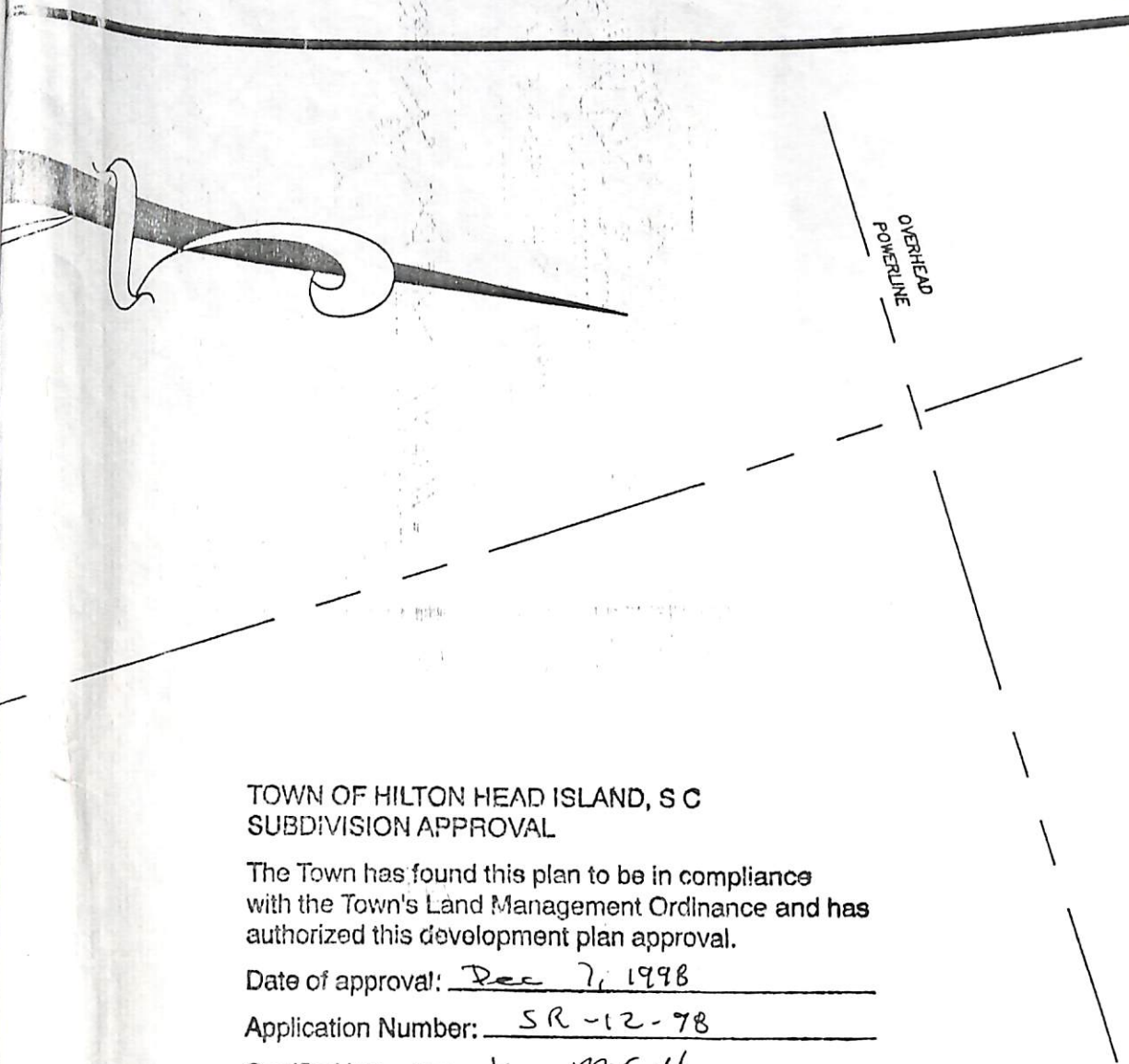
I, the undersigned notary public, do hereby certify that the within named Cora McKenzie Peeples, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this 18 day of September, 1998.

[Handwritten Signature] (L.S.)
Notary Public for South Carolina
My Commission Expires: 12/18/2005

(SEAL)

75 p 35



TOWN OF HILTON HEAD ISLAND, S C
SUBDIVISION APPROVAL

The Town has found this plan to be in compliance with the Town's Land Management Ordinance and has authorized this development plan approval.

Date of approval: Dec 7, 1998

Application Number: SR-12-78

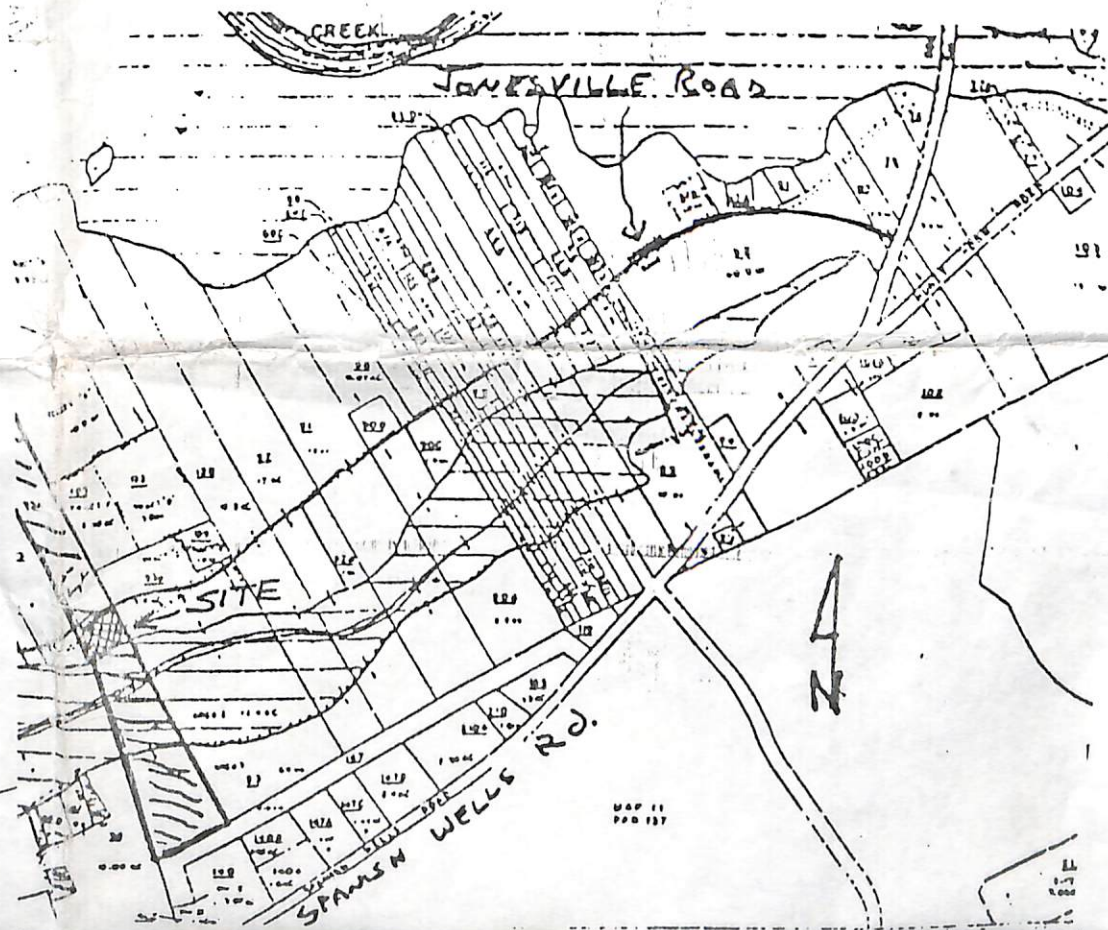
Certified by: Ken McCullen

Title: Senior Planner

THIS APPROVAL WILL EXPIRE ON Dec 7, 2000
IN ACCORDANCE WITH LMO SECTION 16-3-608

N/F

JOSEPHINE SWEENEY



NOTE: This Lot Appears To Lie In A Federal Flood Plain Zone A7, Minimum Required Elevation 14 Ft. NGVD29

DISTRICT 500, MAP 7, A PORTION OF PARCEL 93A
REFERENCE PLAT:

PLAT BOOK 17, PAGE 23.
AND A PLAT BY ME, DATED JULY 27, 1995

DATE: NOVEMBER 4, 1998

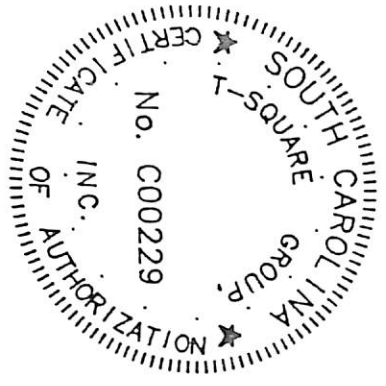
THE ABOVE PLAT PREPARED BY ME AT THE REQUEST OF
CRAGO, LLC
THE OVERLOOK AT OLD HOUSE CREEK
 A TWO LOT, SINGLE FAMILY, RESIDENTIAL DEVELOPMENT
 BOUNDARY, TREE & TOPOGRAPHIC SURVEY OF 1.41 ACRES,
 BEING A PORTION OF PARCEL B ON MY REFERENCE PLAT,
 ALSO BEING A PORTION OF THE 'ALBERT KINLAW' PORTION OF LOT 6
 HONEY HORN PLANTATION, ON THE REFERENCE PLAT IN PLAT BOOK 17, PAGE 23,
 JONESVILLE ROAD, HILTON HEAD ISLAND,
 BEAUFORT COUNTY, SOUTH CAROLINA.



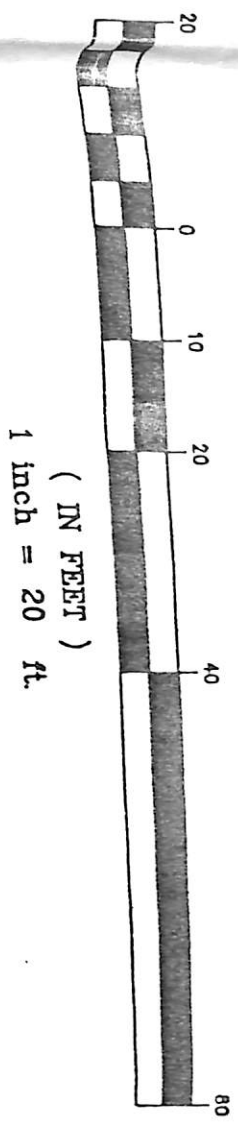
LOCATION MAP (NO SCALE)

REVISIONS:

NO.	DATE	DESCRIPTION	BY
1	12/7/97	RECONFIGURE LOTS FROM 3 TO 2	W.S.S.
2	3/26/98	RECONFIGURE 2 LOTS	W.S.S.
3	11/20/98	EDIT PLAT PER LETTER FROM TOWN	W.S.S.



GRAPHIC SCALE



c:\DWG\SANDERS\CRAGO\lotsb 11-19-98 7:31:46 pm EST

T-SQUARE GROUP, INC.
 PROFESSIONAL LAND SURVEYORS

P.O. Drawer 330
 Burnt Church Road
 Bluffton, S.C. 29910

Phone 803-757-2650 Fax 803-757-5758

S5-020/96
 JOB No. LOTS B

I HEREBY STATE TO THE BEST OF MY KNOWLEDGE, INFORMATION & BELIEF, THE SURVEY SHOWN HEREON WAS MADE IN ACCORDANCE WITH THE REQUIREMENTS OF THE MINIMUM STANDARDS MANUAL FOR THE PRACTICE OF LAND SURVEYING IN SOUTH CAROLINA, AND MEETS OR EXCEEDS THE REQUIREMENTS FOR A CLASS A SURVEY AS SPECIFIED THEREIN.

ALSO THERE ARE NO VISIBLE ENCROACHMENTS OR PROJECTIONS AFFECTING THE PROPERTY OTHER THAN THOSE INDICATED.

William S. Sanders

WILLIAM S. SANDERS PLS #16122

This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Recorder.

AUG 24 1983

GALE S. ENSTAD, Clerk-Recorder
Kern County, California



By Linda M. Nance Deputy

CAUTION: DO NOT EXPOSE PRINT TO DIRECT
SUNLIGHT OR EXTREME HEAT.

STATE
FILE NO

Page 333

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

REGISTRATION
DISTRICT NO

1500

REGISTRAR'S
NUMBER

1081

DECEDENT PERSONAL DATA <small>TYPE OR PRINT NAME</small>	1a NAME OF DECEASED—FIRST NAME IN MIDDLE NAME			1c LAST NAME		2a DATE OF DEATH—MONTH DAY, YEAR		2b HOUR			
	OLA			McKENZIE		July 25, 1957		5:20 A.M.			
	3 SEX	4 COLOR OR RACE	5 MARRIAGE STATUS <small>NEVER MARRIED MARRIED WIDOWED DIVORCED</small>	6 DATE OF BIRTH		7 AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR MONTH DAY		IF UNDER 24 HOURS HOURS MINUTES		
	Female	White	Married	October 14, 1895		61	YEARS				
8a USUAL OCCUPATION <small>WAS USUAL MONEY OF WORKING LIFE EVEN IF RETIRED</small>			8b KIND OF BUSINESS OR INDUSTRY		9 BIRTHPLACE <small>COUNTRY OR POSITION</small>		10 CITIZEN OF WHAT COUNTRY				
Housewife			Own Home		Arkansas		United States				
11 NAME AND BIRTHPLACE OF FATHER				12 MAIDEN NAME AND BIRTHPLACE OF MOTHER			13 NAME OF PRESENT SPOUSE <small>IF MARRIED</small>				
William Shelby-Tennessee				Hellen Harris-Tennessee			A. F. McKenzie				
14 WAS DECEASED EVER IN U. S. ARMED FORCES? <small>SPECIFY YES NO UNKNOWN</small>					15 SOCIAL SECURITY NUMBER		16 INFORMANT				
No					not known		A. F. McKenzie				
17a COUNTY			17b CITY OR TOWN			17c LENGTH OF STAY IN THIS CITY OR TOWN					
Kern			Bakersfield			20 Years					
17d FULL NAME OF HOSPITAL OR INSTITUTION					17e ADDRESS <small>IF IN HOSPITAL OR INSTITUTION GIVE STREET OR RURAL ADDRESS, CITY, STATE, COUNTY, ZIP CODE</small>						
					2200 San Emidio Street						
18a STATE		18b COUNTY		18c CITY OR TOWN		18d STREET OR RURAL ADDRESS <small>DO NOT USE P. O. BOXES</small>					
California		Kern		Bakersfield		2200 San Emidio Street					
19a CORONER <small>I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INVESTIGATION AS REQUIRED BY LAW ON THE REMAINS OF DECEASED AS REQUIRED BY LAW</small>					19b PHYSICIAN <small>I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM THE HOUR, DATE AND PLACE STATED ABOVE AND THAT I LAST SAW THE DECEASED ALIVE ON</small>						
										19c SIGNATURE <i>Martin F. Anderson, M.D.</i>	
20a SPECIFY BURIAL CREMATION OR REMOVAL					20b DATE		20c CEMETERY OR CREMATORY			21 SIGNATURE OF EMPALMER <small>IF EMPALMER</small>	
Burial					July 29, 1957		Greenlawn Memorial Park Bakersfield, California			Wm. L. McCornick 2251	
22 FUNERAL DIRECTOR					23 DATE RECEIVED BY LOCAL REGISTRAR					24 SIGNATURE OF LOCAL REGISTRAR	
Greenlawn Mortuary Bakersfield, California					JUL 2 1957					N. C. SUSE, III	

DECEDENT
PERSONAL
DATA
TYPE OR
PRINT NAME

PLACE
OF
DEATH

LAST USUAL RESIDENCE
WHERE DECEASED LIVED
IF INSTITUTION, RES-
IDENCE BEFORE ADMISSION

PHYSICIAN'S
OR CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Recorder.

AUG 24 1983

GALE S. ENSTAD, Clerk-Recorder
Kern County California

By Linda M. Nance Deputy



CAUTION: DO NOT EXPOSE FILM TO DIRECT SUNLIGHT OR EXTREME HEAT.

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

1500

2164

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a NAME OF DECEASED—FIRST NAME Alexander		1b MIDDLE NAME Francis		1c LAST NAME McKenzie		2a DATE OF DEATH—MONTH DAY YEAR October 14, 1975		2b HOUR 12:30 p. m.	
3 SEX male	4 COLOR OR RACE Cauc.	5 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas		6 DATE OF BIRTH July 5, 1895		7 AGE LAST BIRTHDAY 80		IF UNDER 1 YEAR IF UNDER 24 HOURS IF UNDER 24 HOURS IF UNDER 24 HOURS	
8 NAME AND BIRTHPLACE OF FATHER Obadiah McKenzie, Tennessee				9 MAIDEN NAME AND BIRTHPLACE OF MOTHER Mary DeWitt, Alabama					
10 CITIZEN OF WHAT COUNTRY U.S.A.		11 SOCIAL SECURITY NUMBER 710-18-9677-A		12 MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) Married		13 NAME OF SURVIVING SPOUSE (IF WIFE ENTER MAIDEN NAME) Jessie Lee Hallford			
14 LAST OCCUPATION Aircraft Worker		15 NUMBER OF YEARS IN THIS OCCUPATION 3		16 NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE) Lockheed		17 KIND OF INDUSTRY OR BUSINESS Aircraft Construction			

DECEDENT
PERSONAL
DATA

379

PLACE
OF
DEATH

18a PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY Bakersfield Convalescent Hospital		18b STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 730 34th Street		18c INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes	
18d CITY OR TOWN Bakersfield		18e COUNTY Kern		18f LENGTH OF STAY IN COUNTY OF DEATH 38 YEARS	
18g LENGTH OF STAY IN CALIFORNIA 38 YEARS		19a USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 926 Lake Street #1107			
19b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) YES		20 NAME AND MAILING ADDRESS OF INFORMANT Jessie McKenzie 926 Lake Street #1107 Bakersfield, California			
19c CITY OR TOWN Bakersfield		19d COUNTY Kern		19e STATE California	

USUAL
RESIDENCE
(IF DEATH OCCURRED IN
INSTITUTION ENTER
RESIDENCE BEFORE
ADMISSION)

PHYSICIAN'S
OR CORONER'S
CERTIFICATION

21a CORONER I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW		21b PHYSICIAN I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I EMPLOYED THE DECEASED		21c Marco Broschi, M.D. (DEGREE OR TITLE) <i>Marco Broschi M.D.</i> 2417 9th Street Bakersfield, California		21d DATE SIGNED 10/14/75	
INVESTIGATION OR INQUIRY		FROM TO AND LAST SAW THE DECEASED (MONTH DAY YEAR) (MONTH DAY YEAR) (MONTH DAY YEAR)		21e PROFESSIONAL CALIFORNIA LICENSE NUMBER 71056			

FUNERAL
DIRECTOR
AND
LOCAL
REGISTRAR

22a SPECIFY BURIAL ENTOMBMENT OR CREMATION Burial		22b DATE 10/17/1975		23 NAME OF CEMETERY OR CREMATORY Greenlawn Memorial Park		24 William A. Burns (LICENSED) LICENSE NUMBER 2890	
25 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Greenlawn Mortuary		26 IF NOT CERTIFIED BY CORONER THAT THIS DEATH REPORTED TO (CORONER) (SPECIFY YES OR NO) No		27 LOCAL REGISTRAR—SIGNATURE <i>Owen A. Kearns, M.D.</i>		28 DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR OCT 1 1975	

MEDICAL AND HEALTH DATA

CAUSE
OF
DEATH

29 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Cerebral Anoxia		ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		31 HAS OPERATION OR SHOPPER PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATOR AND/OR SHOPPER)		32a AUTOPICTURE (SPECIFY YES OR NO)		32b IF YES, WERE FINDINGS FOR SHOWN IN BY PHOTOGRAPHERS (AGE OF DEATH) (SPECIFY YES OR NO)	
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST		DUE TO OR AS A CONSEQUENCE OF (B) with left hemiparesis and Bulbar paralysis		33 SPECIFY ACCIDENT SUICIDE OR HOMICIDE		34 PLACE OF INJURY (SPECIFY HOME FARM FACTORY OFFICE BUILDING ETC) Highway		35 INJURY AT WORK (SPECIFY YES OR NO)	
		DUE TO OR AS A CONSEQUENCE OF (C)		36a DATE OF INJURY—MONTH DAY YEAR		36b HOUR			
30 PART II. OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.				37a STABLE FROM PLACE OF INJURY TO USUAL RESIDENCE (YES OR NO)		37b WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		37c WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)	
33		34		35		36a		36b	
37a		37b		37c		38		39	
40 DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)									

STATE
REGISTRAR

A	B	C	D	E	F
---	---	---	---	---	---

TO WHOM IT MAY CONCERN:

This is to certify that our brother:

ALEXANDER FRANCIS MCKENZIE, born 5 July 1895 in Franklin County, Arkansas, son of James Obediah McKenzie and his wife, Mary Alena DeWitt, was married on 20 October 1913 in Franklin County, Arkansas to:

OLA FRANCES SHELBY, born 14 October 1895 in Franklin County, Arkansas, daughter of John William Shelby and his wife, Marguerite Ellen Harris.

(Signed) Fannie Leona McKenzie Miller

Mrs. Fannie Leona McKenzie Miller

(Signed) Alvin Thomas McKenzie

Alvin Thomas McKenzie

State of Arkansas }
County of Sebastian } 53

I hereby certify that this is a true and correct copy
of the original instrument.
In testimony whereof I have hereunto set my hand
and seal this 5 day of March 1924

W. S. Phillips

My Commission Expires 6-12-25 NOTARY PUBLIC

To Whom It May Concern:

This is to certify that I, Mrs. Fannie Leona McKenzie Miller, resident of Fort Smith, Arkansas, am well-acquainted with my niece, Mrs. Cora Zelma McKenzie Peeples, who was born on the sixth of December 1919 in Franklin County, Arkansas, a daughter of my now deceased brother, Alexander Francis McKenzie, and his now deceased wife, Mrs. Ola Francis Shelby McKenzie.

(Signed) Mrs. Fannie Leona McKenzie Miller

Mrs. Fannie Leona McKenzie Miller

11-8-82

Carol Moore

My Commission Expires

10-6-90

To Whom It May Concern:

This is to certify that I, Alvin Thomas McKenzie, resident of Fort Smith, Arkansas, am well-acquainted with my niece, Mrs. Cora Zelma McKenzie Peeples, who was born on the 6th of December 1919 in Franklin County, Arkansas, a daughter of my now deceased elder brother, Alexander Francis McKenzie, and his now deceased wife, Mrs. Ola Frances Shelby McKenzie.

(signed) Alvin Thomas McKenzie

Alvin Thomas McKenzie

11-8-82

Carol Moore

My Commission Expires 10-6-90



AFFIDAVIT

STATE South Carolina COUNTY Beaufort

Personally appeared before me the undersigned, who being duly Affirmed/Sworn does so state that the following facts concerning the death of the person named herein are true:

NAME OF DECEASED MARTHA LUIZA MILAM HARRIS

DATE OF DEATH 6 July 1922

PLACE OF DEATH (Town, County, and State) Cecil, Franklin County, Arkansas

Sworn and subscribed before me this the:

(Mrs) Cora McKenzie Peeples

SIGNATURE OF PERSON MAKING AFFIDAVIT
(AFFIANT)

(SEAL)

Mrs. Cora McKenzie Peeples
Hilton Head Island, S. C. 29928
NAME OF AFFIANT (Typed or Legibly Printed)

5 day of MARCH, 1924

NOTARY *[Signature]*

My commission expires My Commission Expires January 22, 1992

Great-granddaughter
RELATIONSHIP OF AFFIANT TO DECEASED PERSON

Notary will please type or print his name and address here ANN E. PASKY
PO Box 5158
HILTON HEAD, SC 29928

Form VS-43--10M--p-61--158215--C-MCB. MARGIN RESERVED FOR BINDING. N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ARKANSAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
DELAYED CERTIFICATE OF DEATH

Registration District No. _____ State File No. _____
Primary Registration No. _____ Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Franklin
 (b) Township Cecil
 (c) City or Town _____ Ward _____
 (d) Name of Hospital or Institution _____
 (If not in hospital or institution write street number or locality)
 (e) Length of stay: in hospital or institution _____
 in this community since 1876
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Arkansas (b) County Franklin
 (c) City or Town near Cecil
 (If outside city or town limits write Rural Number)
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME
MARTHA LUIZA MILAM HARRIS

3(b) If veteran name War No. _____ **3(c) Social Security No.** _____

4. Sex female **5. Color or race** white **6(a) Single, widowed, married, divorced** widowed

6(b) Name of husband or wife William Coleman Harris
6(c) Age of husband or wife if alive died 19 May 1881 years

7. Birth date of deceased _____
 (Month) (Day) (Year)
 If less than one day _____ hr. _____ min.

8. Age: 100 Years _____ Months _____ Days _____

9. Birthplace Franklin County, Tennessee
 (City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER
12. Name Coleman Milam
13. Birthplace Halifax Co., Virginia
 (City, town or county) (State or foreign country)

MOTHER
14. Maiden name _____
15. Birthplace _____
 (City, town or county) (State or foreign country)

16(a) Informant's own signature Mrs. Core McKinzie Peoples
(b) P. O. address Hilton Head Island, S.C.

17(a) burial (b) Date thereof July 1922
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Lowe's Creek Cemetery

18(a) Signature of funeral director _____
(b) APR 11 1984

19(a) APR 11 1984 (b) Henry C. Robinson, Jr.
 (Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month July day 6th year 19 22
21. I hereby certify that I attended the deceased from _____ 19 _____
 to _____ 19 _____; that I last saw him alive on _____ 19 _____ and that death occurred on _____ 19 _____
 the date stated above at _____
 Immediate cause of death _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 (d) Did injury occur in or about home, on farm, in industrial plant, in public place?
 While at work? _____ (Specify type of place)
 (a) Means of injury _____

23. Signature _____, M. D.
 Address _____ Date signed _____

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT

This to certify, that the above is an exact reproduction of the original certificate which is on file in this office and of which I am legal custodian. In testimony whereof, witness my hand and seal of office at Little Rock, Arkansas. (Do not accept if rephotographed, or if seal cannot be felt. The reproduction of this document is prohibited by law, Arkansas Statute 82-523).

APRIL 11, 1984

DATE

Henry C. Robinson, Jr.

STATE REGISTRAR

SUPPLEMENTAL EVIDENCE OF DEATH

I hereby certify that the following additional evidence of death of Martha Luiza Milam Harris was presented to the State Registrar as provided by law.

ABSTRACT OF EVIDENCE

- Notarized affidavit dated March 5, 1984, signed by Cora McKenzie
1. Peeples, proves date of death as July 6, 1922, and place of death as Cecil, Franklin County, Arkansas.
 2. Snapshot of tombstone proves date of death as July 6, 1922.
 3. Old family record proves date of death as July 6, 1922, and place of
Done this 11th day of April 19 84 death as Cecil, Arkansas.

(Seal) of Henry C. Robinson, Jr. (By JP)
State Registrar

Henry C. Robinson, Jr.

Arkansas

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT

This to certify, that the above is an exact reproduction of the original certificate which is on file in this office and of which I am legal custodian. In testimony whereof, witness my hand and seal of office at Little Rock, Arkansas. (Do not accept if rephotographed, or if seal cannot be felt. The reproduction of this document is prohibited by law, Arkansas Statute 82-523).

APRIL 11, 1984

DATE

Henry C. Robinson, Jr.
STATE REGISTRAR