MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

STATE OF FLORIDA

BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Dr McClary

File No.

Registered No.

1 PLACE OF DEATH

County Duval

Precinct (Write name, not number)

or Inc. Town

or City Jacksonville (No. St., Ward)

Registration District No.

Primary Registration Dist. No.

[If death occurred in a hospital or institution, give its NAME instead of street and number]

2 FULL NAME ~~Paul L. D. Stephen~~, Florance Gudin Gourdin

(a) Residence. No. 1102 W Church St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX femal

4 COLOR OR RACE col

5 Single, Married, Widowed, or Divorced (Write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month) (Day) (Year) 1888

7 AGE 34 yrs. — mos. — ds. IF LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer) Mak Dress
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (City or Town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (City or Town) (State or country) Unk

14 Informant Laura Gourdin (Address) New York City

15 Filed 192 Registrar.

Form V. S. No. 4

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 6 08 8/27 1922

17 I HEREBY CERTIFY, That I attended deceased from 19 to 19

that I last saw h alive on 19

and that death occurred, on the date stated above, at 6: A. m.

The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation, or Removal Memorial Cem

Date of Burial or Removal 8/29 1922

20 UNDERTAKER

ADDRESS

Moth

2 Bi

1 side