

STATE OF FLORIDA
BUREAU OF VITAL STATISTICS

J.H. Smith
File No.

1 PLACE OF DEATH

STATE BOARD OF HEALTH

County

CERTIFICATE OF DEATH

Registered No.

Precinct
(Write name, not number)

Registration District No.

or
Inc. Town

Primary Registration Dist. No.

or
City *Jacksonville* (No. St.: Ward)

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

2 FULL NAME *Elizabeth Gray*

(a) Residence, No. *614 Madison* St., Ward,

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Female</i>	4 COLOR OR RACE <i>Colored</i>	5 Single, Married, Widowed, or Divorced <i>Widowed</i> (Write the word)
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5a If married, widowed, or divorced
HUSBAND of *Jim Gray*
(or) WIFE of

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

7 AGE *60* yrs. mos. ds. **IF LESS than**
1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *housekeeper*
(b) General nature of industry, business, or establishment in which employed (or employer) *at home*
(c) Name of employer

9 BIRTHPLACE (city or town) *Luray S.C.*
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or Town) *S.C.*
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City or Town) *S.C.*
(State or country)

14 Informant
(Address)

15 Filled 192.....
Form V. S. No. 4 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) *7/11* 19*22*

17 I HEREBY CERTIFY, That I attended deceased from *June 7* 19*22*, to *7/11* 19*22* that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... m.

The **CAUSE OF DEATH*** was as follows:
Internal injuries from a fall
..... (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) *J.H. Smith* M. D.
19 (Address) *201 1/2 St.*

*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 *Luray S.C.* Date of Burial or Removal *7/14* 19*22*

20 UNDERTAKER *Holmes Co* ADDRESS *City*

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.

Rev Mr M. Mears officiated

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BOARD OF CHRISTIAN EDUCATION

REPORT

FOR THE YEAR 1900

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By the Board of Christian Education

NEW HAVEN, CONNECTICUT

1901

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