

D. W. Thomas

STATE OF FLORIDA
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH

STATE BOARD OF HEALTH

File No. _____

County Duval

CERTIFICATE OF DEATH

Registered No. _____

Precinct _____

Registration District No. _____

or
Inc. Town _____

(Write name, not number)
Jacksonville

Primary Registration Dist. No. _____

or
City _____

No. _____ St. _____ Ward _____

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

2 FULL NAME Pauline Gordon

(a) Residence. No. 1211 Hogan

St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. - 1 mos. - 1 ds.

How long in U. S., if of foreign birth? 8 yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Colored

5 Single,

Married,

Widowed,

or Divorced

Write the word)

5a If married, widowed, or divorced

HUSBAND of _____
(or) WIFE of William Gordon

6 DATE OF BIRTH _____ 1 _____

(Month)

(Day)

(Year)

7 AGE

32 yrs. _____ mos. _____ ds.

IF LESS than

1 day, _____ hrs.

or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Denmark

(State or country)

10 NAME OF FATHER Ezekiel Williams

(City or Town) Denmark

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER Mary Riley

(City or Town) Denmark

13 BIRTHPLACE OF MOTHER

(State or country)

14

Informant Husband
(Address)

15

Filed _____ 1922

Form V. S. No. 4

Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 7/31

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 _____ m.

The CAUSE OF DEATH* was as follows:

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 Denmark D.C.

Date of Burial or Removal 8/2 1922

20 UNDERTAKER _____

ADDRESS _____

MARGIN RESERVED FOR BINDING

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

BUREAU OF VITAL STATISTICS

Book 2

Franklin

Franklin
1811 the year

MARRIAGE CERTIFICATE

SPECIAL MARRIAGE CERTIFICATE

1. Name of bride
2. Name of groom
3. Date of marriage
4. Place of marriage

1. Name of bride
2. Name of groom
3. Date of marriage
4. Place of marriage

WITNESSES

1. Name of witness
2. Name of witness

1. Name of officiant
2. Name of officiant

1. Name of officiant
2. Name of officiant

1. Name of officiant
2. Name of officiant

1. Name of officiant
2. Name of officiant

THIS IS TO CERTIFY THAT THE ABOVE NAMED PERSONS HAVE BEEN MARRIED AT THE PLACE AND DATE ABOVE STATED BY THE OFFICIAN NAMED ABOVE.

RECORDED AND INDEXED