

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. J. P. Patterson
State File No. _____

1. PLACE OF DEATH

County Sumner District No. _____
Precinct _____ Precinct No. _____
(Write name, not number)
or
Inc. Town _____ City or Town No. _____ Registered No. _____
or
City Jacksonville N 537 W Orange St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Mary M. Brower
(a) Residence: No. 537 W. Orange St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. Single, married, widowed or divorced (write the word) Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thomas Brower
6. DATE OF BIRTH (month, day and year) _____
7. AGE Years 41 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12 2 30
22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____
I last saw h. _____ alive on _____ 19____, death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

apoplexy
Contributory causes of importance not related to principal cause: _____
24 Hours

12. BIRTHPLACE (city or town) (State or country) Maryanna Fla
13. NAME William D. Moore
14. BIRTHPLACE (city or town) (State or country) Fla
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) _____
17. INFORMANT Thomas Brower (Address) 537 W. Orange St
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____ 19____
19. UNDERTAKER (Address) Holmes Funeral Home 524 W. Baker
20. FILED _____ 19____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) _____ M.D.
(Address) _____

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. See instructions on back of certificate.

