

FLORIDA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

*St. C. F. Adams*

1. PLACE OF DEATH

County *Sumner* District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
 Precinct \_\_\_\_\_ Precinct No. \_\_\_\_\_  
 or (Write name, not number)  
 Inc. Town \_\_\_\_\_ City or Town No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City *St. Cloud* No. *204 Wilson Ave* 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

(a) Residence: No. *204 Wilson* St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u><i>Male</i></u>	4. COLOR OR RACE <u><i>Col</i></u>	5. Single, married, widowed or divorced (write the word) <u><i>Married</i></u>
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u><i>Rena Stafford</i></u>		
6. DATE OF BIRTH (month, day and year)		
7. AGE Years <u><i>4</i></u>	Months	Days
If LESS than 1 day, ... hrs. or ... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u><i>Carpenter</i></u>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u><i>Silco</i></u>		
13. NAME <u><i>Wilson Stafford</i></u>		
14. BIRTHPLACE (city or town) (State or country)		
15. MAIDEN NAME <u><i>Rena Gibbs</i></u>		
16. BIRTHPLACE (city or town) (State or country)		
17. INFORMANT (Address) <u><i>Rena Stafford</i></u> <u><i>204 Wilson Ave</i></u>		
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date <u><i>7 8 1931</i></u>		
19. UNDERTAKER (Address) <u><i>Labrum</i></u>		
20. FILED _____ 19 _____		

21. DATE OF DEATH (month, day, and year) *Feb 2, 1931*

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 *2 P* am.

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

Contributory causes of importance not related to principal cause:

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.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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 Andrew Stagford  
 Robert Stagford  
 Mrs Annie Copkin  
 Mackie Snager  
 General m...  
 nephews 1 uncle  
 grand uncle  
 2 aunts other  
 relatives and a  
 host of friends  
 born near 1888  
 2 1931 son of William  
 Frank Stagford  
 Wife Pamela Stagford

at, so that the relative healthfulness of aged 10 years or over. If the occupation e occupation prior to illness. If the de- children not gainfully employed may be of home housework, write housework in aged in domestic service for wages, how- family, cook—hotel, etc. For a person

ye," "worker," operative," etc. Find out "store," "factory," "mill," etc. State the mill, etc. scriptive titles, as *civil engineer, mechan- er*" when a more precise statement of the occupation, as *carpenter, painter, machin- ts*. A person who sells goods should be

complication which causes death, *not* the ame the disease or injury causing death. l cause and any important complication of rincipal cause, name other important dis-

### Example II

Order of onset	Date of onset
1	1 week ago
2	1 week ago
3	3 days ago
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causes should be given in the order of onset, second, or third position. The principal

Wife Mrs Rena Stagford.  
 4 Sisters, 2 Sisters

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