

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Sumner District No. See A.C. Knight
 Precinct _____ Precinct No. _____ State File No. _____
(Write name, not number)
 or
 Inc. Town _____ City or Town No. _____ Registered No. _____
 or
 City _____ No. N 58 W 23rd 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 Neelie Alexander
 (a) Residence: No. N 58 W 23rd St. _____ Ward _____
(Usual place or abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. Single, married, widowed or divorced (write the word) <u>wid</u>		
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Eldrick Alexander</u>				
6. DATE OF BIRTH (month, day and year)				
7. AGE	Years <u>46</u>	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laundress</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>Sumner Fla</u>				
FATHER	13. NAME <u>Tommy Alexander</u>			
	14. BIRTHPLACE (city or town) (State or country) <u>Fla</u>			
	15. MAIDEN NAME <u>Diana Wright</u>			
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Fla</u>			
	17. INFORMANT (Address) <u>Mary Bailey</u> <u>N 58 W 23rd</u>			
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____ 19____				
19. UNDERTAKER (Address)				
20. FILED _____ 19____ Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-14-30
 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 _____ m.
 The principal cause of death and related causes of importance in order of onset were as follows:
Cholecystitis
 Date of onset _____
 Contributory causes of importance not related to principal cause:
C. C. Knight
 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.

