

FLORIDA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

*Dr. S. S. Sisson*

1. PLACE OF DEATH

County *Duval*

District No. \_\_\_\_\_

Precinct \_\_\_\_\_  
(Write name, not number)

Precinct No. \_\_\_\_\_

State File No. \_\_\_\_\_

or  
Inc. Town \_\_\_\_\_

City or Town No. \_\_\_\_\_

Registered No. \_\_\_\_\_

City *Jax Fla*

No. *1307 Kings Road* 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 *Ben Reid*

(a) Residence: No. *1307 Kings Road* St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *male*

4. COLOR OR RACE *Col*

5. Single, married, widowed or divorced (write the word) *married*

21. DATE OF DEATH (month, day, and year) *Mar 8, 1930*

5a. If married, widowed or divorced HUSBAND of (or) WIFE of *Hattie Reid*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h... alive on \_\_\_\_\_ 19\_\_\_\_ death is said

to have occurred on the date stated above, at *6:30 A.* m.

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

6. DATE OF BIRTH (month, day and year) \_\_\_\_\_

7. AGE Years *50*

Months \_\_\_\_\_

Days \_\_\_\_\_

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. *Railroad*

10. Date deceased last worked at this occupation (month and year) *3/4/30*

11. Total time (years) spent in this occupation *4 yrs*

Contributory causes of importance not related to principal cause:

12. BIRTHPLACE (city or town) (State or country) *Bufford, S.C.*

13. NAME *Bennie Reid*

14. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

15. MAIDEN NAME *Bitote Richards*

16. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

17. INFORMANT (Address) *Hattie Reid 1307 Kings Rd*

18. BURIAL, CREMATION, OR REMOVAL Place *Memorial* Date *Mar 13, 1930*

19. UNDERTAKER (Address) *Holmes Funeral Dir 621 W State St*

20. FILED \_\_\_\_\_ 19\_\_\_\_

Local Registrar.

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.

