

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Duval District No. 79
Precinct 42 Precinct No. _____
or _____ City or Town No. _____
Inc. Town _____
or _____ City No. 1706 Smith St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Dr. J. J. Sisson
State File No. _____
Registered No. _____

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 F. Sisson
(a) Residence: No. 1706 Smith St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Ch. White 5. Single, married, widowed or divorced (write the word) Wid.
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Murphy Sisson
6. DATE OF BIRTH (month, day and year) _____
7. AGE Years 48 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (month, day, and year) Oct 26, 1930
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 5:30 p.
The principal cause of death and related causes of importance in order of onset were as follows:

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

Contributory causes of importance not related to principal cause:
Date of onset

12. BIRTHPLACE (city or town) Sandersville (State or country) _____

13. NAME Jack Butler

Name of operation _____ Date of _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Maiah Kirtel

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (city or town) _____ (State or country) _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Robert Butler (Address) 1545 Smith St.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 19____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. UNDERTAKER _____ (Address) _____

(Signed) _____, M.D.

20. FILED _____, 19____ Local Registrar.

(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.

