

**FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Duval District No. _____ State File No. Dr. Z. W. James
 Precinct _____ Precinct No. _____
(Write name, not number)
 or
 Inc. Town _____ City or Town No. _____ Registered No. _____
 or
 City _____ No. _____ 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. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, married, widowed or divorced (write the word) <u>Married</u>	
6a. If married, widowed or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) <u>Jan 16 1905</u>			
7. AGE <u>25</u>	Years	Months	Days
			If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			
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) _____			
13. NAME _____			
14. BIRTHPLACE (city or town) (State or country) _____			
15. MAIDEN NAME _____			
16. BIRTHPLACE (city or town) (State or country) _____			
17. INFORMANT (Address) _____			
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____ 19____			
19. UNDERTAKER (Address) _____			
20. FILED _____ 19____			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/12, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him 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:
1905
1905
26

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.

