

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Duval
Precinct _____
(Write name, not number)

District No. _____
Precinct No. _____
State File No. ser R. R. Killinger

or Inc. Town _____ City or Town No. _____ Registered No. _____
or City Jax, Fla. No. Duval County Hospital 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 14 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Jennie H. Horn
(a) Residence: No. 1812 Illinois St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE Col 5. Single, married, widowed or divorced (write the word) married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Vermell Horn

6. DATE OF BIRTH (month, day and year) Feb 25, 1890

7. AGE Years 40 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

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. _____

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) Pennington Ala

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT Mr Vermell Horn (Address) 1812 Illinois

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

19. UNDERTAKER Johnes Fisher (Address) _____

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/20, 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 3 p.m.

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

Broncho
Pneumonia

Contributory causes of importance not related to principal cause: _____

Name of operation Autopsy 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.

