

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Duval
Precinct _____
(Write name, not number)
or
Inc. Town _____
or
City _____

District No. _____
Precinct No. _____
City or Town No. _____

State File No. _____
Registered No. Dr. H. W. James

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. Richard W. James Jr. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, married, widowed or divorced (write the word) Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Olivia P. James
6. DATE OF BIRTH (month, day and year) _____
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 45

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
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) Florida

FATHER 13. NAME Richard James

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

MOTHER 15. MAIDEN NAME Mary M. James

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

17. INFORMANT (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Wilton, Fla. 3/28 1931

19. UNDERTAKER (Address) _____

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/25, 1931

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:

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

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.
V. S. No. 4

