

FLORIDA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

*Dr. D. D. Brown*

1. PLACE OF DEATH

County *Sumner*

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

Precinct \_\_\_\_\_

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

or  
Inc. Town \_\_\_\_\_  
or  
City *Jay*

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

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

No. *625 1/2 W. Ashley* 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 *Prudence Phillips*

(a) Residence: No. *625 1/2 W. Ashley 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 *Col* 5. Single, married, widowed or divorced (write the word) *Wid*

21. DATE OF DEATH (month, day, and year) *11-27-1931*

5a. If married, widowed or divorced HUSBAND of (or) WIFE of *Lock Phillips*

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

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

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. *50*

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*

*Gastritis*

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: \_\_\_\_\_

12. BIRTHPLACE (city or town) *Quincy Fla* (State or country)

MOTHER FATHER 13. NAME *George Taylor*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER 15. MAIDEN NAME *Etherne Scott*

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)

17. INFORMANT *Maderna Calhoun* (Address) *625 1/2 W Ashley St*

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL Place *Sumner Jay* Date *11-27-1931*

Manner of injury \_\_\_\_\_

Nature of injury *Hairnail*

19. UNDERTAKER *James* (Address) \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(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.

