

FLORIDA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

*Dr. Bernard Christie*  
State File No. *80-7008*

1. PLACE OF DEATH

County *Duval* District No. \_\_\_\_\_  
Precinct \_\_\_\_\_ Precinct No. \_\_\_\_\_  
(Write name, not number)  
or  
Inc. Town \_\_\_\_\_ City or Town No. \_\_\_\_\_  
or  
City *Jax* 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 *18* yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME

*Mattie Taylor*  
(a) Residence: No. *376 Cleveland* 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 *Colored* 5. Single, married, widowed or divorced (write the word) *married*

5a. If married, widowed or divorced HUSBAND of (or) WIFE of *Marshall Taylor*

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

7. AGE Years *79* Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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 \_\_\_\_\_

12. BIRTHPLACE (city or town) *Taylor* (State or country) \_\_\_\_\_

13. NAME *Jess Jackson*

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

15. MAIDEN NAME *Bessie Sharp*

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

17. INFORMANT (Address) *Casper Jackson*  
*1172 W. Ashley St.*

18. BURIAL, CREMATION, OR REMOVAL Place *St. Bernard* Date *Nov 18 1932*

19. UNDERTAKER (Address) *Polmes*  
*671 W. State St.*

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *Nov 4, 1932*

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:

*Intestinal Obstruction* Date of onset \_\_\_\_\_  
*Septicemic Shock*

Contributory causes of importance not related to principal cause:

*Sub acute P.I.D.*  
*Rheum.*

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.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	May 3, 1927

**Example II**

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Contributory causes of importance not related to principal cause:	
Influenza	6 weeks ago

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

*1/10/30, Clarence Jackson, 1111 E. 10th St., Duluth, Minn. Cause of death, myocardial infarction. History of hypertension, 10 years. History of diabetes, 10 years. History of rheumatoid arthritis, 10 years. History of chronic interstitial nephritis, 10 years. History of chronic bronchitis, 10 years. History of chronic sinusitis, 10 years. History of chronic otitis media, 10 years. History of chronic tonsillitis, 10 years. History of chronic adenoiditis, 10 years. History of chronic pharyngitis, 10 years. History of chronic laryngitis, 10 years. History of chronic tracheitis, 10 years. History of chronic bronchitis, 10 years. History of chronic emphysema, 10 years. History of chronic asthma, 10 years. History of chronic heart failure, 10 years. History of chronic kidney failure, 10 years. History of chronic liver failure, 10 years. History of chronic lung failure, 10 years. History of chronic stomach failure, 10 years. History of chronic intestinal failure, 10 years. History of chronic pancreatic failure, 10 years. History of chronic biliary failure, 10 years. History of chronic gallbladder failure, 10 years. History of chronic spleen failure, 10 years. History of chronic pancreas failure, 10 years. History of chronic testis failure, 10 years. History of chronic ovary failure, 10 years. History of chronic uterus failure, 10 years. History of chronic vagina failure, 10 years. History of chronic cervix failure, 10 years. History of chronic uterus failure, 10 years. History of chronic ovaries failure, 10 years. History of chronic fallopian tubes failure, 10 years. History of chronic vagina failure, 10 years. History of chronic cervix failure, 10 years. History of chronic uterus failure, 10 years. History of chronic ovaries failure, 10 years. History of chronic fallopian tubes failure, 10 years.*