

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County _____ District No. _____ State File No. _____
 Precinct _____ Precinct No. _____
(Write name, not number)
 or
 Inc. Town _____ City or Town No. _____ Registered No. _____
 or
 City _____ No. 1224 West 25 St. 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. 1224 West 25 St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>col</u>	5. Single, married, widowed or divorced, (write the word) <u>Married</u>		
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Thomas Wilson</u>				
6. DATE OF BIRTH (month, day and year)				
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>27</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Lebanon, Alabama</u>				
MOTHER	13. NAME <u>Dan Humphrey</u>			
	14. BIRTHPLACE (city or town) (State or country) <u>Richardson, Va.</u>			
	15. MAIDEN NAME <u>unknown</u>			
16. BIRTHPLACE (city or town) (State or country)				
17. INFORMANT <u>Mrs. Bertha Jones</u> (Address) <u>1224 West 25 St.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Greenwood</u> Date <u>6/20 1934</u>				
19. UNDERTAKER (Address)				
20. FILED _____, 19 _____				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/18 1934

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 4:58 p.m.

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

	Date of onset
_____	_____
_____	_____
_____	_____

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.

Dr. Albert C. McHenry

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.

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.

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.

Table with columns for Example I and Example II, detailing principal and contributory causes of death and their dates of onset. Example I includes Arteriosclerosis (1915), Chronic interstitial nephritis (1921), and Cerebral hemorrhage (July 5, 1927). Example II includes Attack of epilepsy (1 week ago), Run over by street car (1 week ago), Peritonitis (2 days ago), and 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.

Handwritten notes and signatures on the right side of the certificate, including names like 'Helen' and 'John'.

EMIL RECORD