

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Franklin District No. _____ State File No. _____
 Precinct _____ Precinct No. _____
 (Write name, not number)
 or
 Inc. Town _____ City or Town No. _____ Registered No. _____
 or
 City Jacksonville No. _____ 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 32 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Annied Edmonson

(a) Residence: No. 917 Julia St 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 Richard T. Edmonson
 6. DATE OF BIRTH (month, day and year) _____
 7. AGE Years 57 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24 1935
 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 4:00 P.M.

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

Unnatural 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) Chas. H. [Signature] M.D.
 (Address) _____

12. BIRTHPLACE (city or town) (State or country) Columbus, Miss
 13. NAME Unknown
 14. BIRTHPLACE (city or town) (State or country) Unknown
 15. MAIDEN NAME _____
 16. BIRTHPLACE (city or town) (State or country) _____
 17. INFORMANT Richard T. Edmonson
 (Address) 917 Julia St
 18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____ 19____
 19. UNDERTAKER Holmes
 (Address) _____
 20. FILED _____ 1st _____ Local Registrar.

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.

