

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 Jacksonville

District No. _____
Precinct No. _____
City or Town No. _____
No. Quincy Hospital St., _____ Ward

State File No. _____

Registered No. _____

Length of residence in city or town where death occurred 57 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Minerva Jones Smith
(a) Residence: No. 1461 _____ 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) Married

21. DATE OF DEATH (month, day, and year) Aug 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles A. Smith

I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m.

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

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

7. AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min. 58

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) (State or country) Jacksonville, Fla.

MOTHER FATHER 13. NAME Johnson

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Johnson

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) Unknown

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (Address) Charles A. Smith, 1461 1/2 Pine Street, Jacksonville, Fla.

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

18. BURIAL, CREMATION, OR REMOVAL Place Methodist Cemetery Date Aug 10, 1931

Manner of injury _____

Nature of injury _____

19. UNDERTAKER (Address) Howard

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.

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 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*, *textile 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*, *mechanic*, 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		Example II	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset	The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>	<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>	<i>Run over by street car</i>	<i>1 week ago</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>	<i>Peritonitis</i>	<i>3 days ago</i>
Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>		<i>Influenza</i>	<i>6 weeks ago</i>
<i>Automobile accident</i>	<i>May 3, 1927</i>		

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. Principal cause of death
 2. Related causes
 3. Contributory causes of importance not related to principal cause
 4. Date of onset
 5. Date of death
 6. Name of physician
 7. Name of informant
 8. Signature of informant
 9. Signature of physician
 10. Signature of registrar