

FLORIDA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

*M. D. Bryant*

1. PLACE OF DEATH

County Duval

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

Precinct \_\_\_\_\_  
(Write name, not number)

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

State File No. \_\_\_\_\_

or  
Inc. Town \_\_\_\_\_

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

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

or  
City Gay

No. 1668 Harrison 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 20 yrs. \_\_\_\_ mos. \_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

2. FULL NAME Floyd Powell

(a) Residence: No. 1668 Harrison St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE col 5. Single, married, widowed or divorced (write the word)

21. DATE OF DEATH (month, day, and year) 3/21, 1936

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Josephine Powell

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

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

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at 6:15 am

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

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. \_\_\_\_\_  
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: \_\_\_\_\_  
Date of onset \_\_\_\_\_

12. BIRTHPLACE (city or town) Bureau Vista Fla.  
(State or country)

13. NAME Will Powell

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

14. BIRTHPLACE (city or town) Bureau Vista Fla.  
(State or country)

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

15. MAIDEN NAME Nette Spear

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) Bureau Vista Fla.  
(State or country)

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Josephine Powell  
(Address) 1668 Harrison St.

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

18. BURIAL, CREMATION, OR REMOVAL  
Place \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_

Nature of injury \_\_\_\_\_

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

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

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

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.



