

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

M. Daniels

1. PLACE OF DEATH

County Duval

District No. _____

State File No. _____

Precinct _____
(Write name, not number)

Precinct No. _____

or
Inc. Town _____

City or Town No. _____

Registered No. _____

or
City Jay

No. 112 North Street 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 Nancy Chisholm

(a) Residence: No. 112 North Street 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 _____ 5. Single, married, widowed or divorced (write the word) _____

21. DATE OF DEATH (month, day, and year) 11/11, 19 36

6a. If married, widowed or divorced HUSBAND of (or) WIFE of John Chisholm

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

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

I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above, at 5:00 a.m.

7. AGE Years 54 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. Housework
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 _____

Date of onset _____

12. BIRTHPLACE (city or town) Columbia (State or country) S.C.

Contributory causes of importance not related to principal cause: _____

13. NAME William Chisholm

Name of operation _____ Date of _____

14. BIRTHPLACE (city or town) Columbia (State or country) S.C.

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

15. MAIDEN NAME Grace Fields

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) Columbia (State or country) S.C.

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 Bina Walls (Address) 112 North Street

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.

