

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County _____
Precinct _____
(Write name, not number)
or
Inc. Town _____
or
City _____

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

State File No. _____

Registered No. _____

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 Aaron Hill

(a) Residence: No. 24 _____ St., _____ Ward _____
(If small place or abroad) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Barbara Hill</u>		
6. DATE OF BIRTH (month, day and year)		
7. AGE <u>26</u>	Years	Months
		Days
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Holb Cook</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) _____, 19____

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 _____ 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) _____

12. BIRTHPLACE (city or town) _____ (State or country) Alma GA

MOTHER

FATHER

13. NAME Robert Hill

14. BIRTHPLACE (city or town) _____ (State or country) GA

15. MAIDEN NAME Carrie Lucas

16. BIRTHPLACE (city or town) _____ (State or country) N.C.

17. INFORMANT Kenneth Swann
(Address) Myrtle Hill

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____ 19____

19. UNDERTAKER _____
(Address) _____

20. FILED _____ 10____
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.

