

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 Jay

District No. _____
Precinct No. _____
City or Town No. _____
No. 1219 West 26 Street St., _____ Ward

State File No. _____

Registered No. _____

Length of residence in city or town where death occurred 19 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Louise Higdon

(a) Residence: No. 1219 West 26 St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>col</u>	5. Single, married, widowed or divorced (write the word) <u>Single</u>
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Single</u>		
6. DATE OF BIRTH (month, day and year)		
7. AGE <u>19</u>	Years	Months <u>Feb</u>
		Days <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		If LESS than 1 day, _____ hrs. or _____ min.
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) 2/17 1937

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) _____

MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Jay Fla.</u>
	13. NAME <u>Eddie Higdon</u>
	14. BIRTHPLACE (city or town) (State or country) <u>Thomasville Ga.</u>
	15. MAIDEN NAME <u>Josephine Simms</u>
MOTHER FATHER	16. BIRTHPLACE (city or town) (State or country) <u>Tallahassee Fla.</u>
	17. INFORMANT (Address) <u>Josephine Higdon 1219 W. 26 St.</u>
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____ 19____	
19. UNDERTAKER (Address) _____	
20. FILED _____ 19____ 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.

