

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Hospital

1. PLACE OF DEATH

County Manatee
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. 11 mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Infant James Collins
(a) Residence: No. Route 1 Box 111 St. Joe, Fla. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. Single, married, widowed or divorced (write the word) Single
5a. If married, widowed or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) July 10, 1936
7. AGE Years _____ Months 11 Days _____ If LESS than 1 day, _____ hrs. or _____ min.
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 _____

12. BIRTHPLACE (city or town) (State or country) Jacksonville Fla
13. NAME Edmond Collins
14. BIRTHPLACE (city or town) (State or country) St. Joe Fla
15. MAIDEN NAME Mary Collins
16. BIRTHPLACE (city or town) (State or country) Jacksonville Fla
17. INFORMANT Mary Collins
(Address) _____
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____ 19_____
19. UNDERTAKER _____
(Address) _____
20. FILED _____, 19_____
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27, 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) _____

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.

