

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

D. James
State File No. _____
Registered No. _____

1. PLACE OF DEATH

County _____
District No. _____
Precinct _____
Precinct No. _____
(Write name, not number)
or
Inc. Town _____
City or Town No. _____
or
City _____
No. *942 Jessie* St., _____ Ward _____

City or Town No. _____

(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 *3* yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Annie Libbia*

(a) Residence: No. *942 Jessie* 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 *ca* 5. Single, married, widowed or divorced (write the word)

21. DATE OF DEATH (month, day, and year) *Sept 12 19 31*

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

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 *4:30* m.

The principal cause of death and related causes of importance in order of onset were as follows:

6. DATE OF BIRTH (month, day and year)
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

Date of onset

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

Contributory causes of importance not related to principal cause:

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

Name of operation _____ Date of _____

13. NAME *Samuel Foster*

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

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

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (city or town) (State or country)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT *Josephine Reynolds*
(Address) *185 Jessie 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? _____

If so, specify _____

(Signed) _____, M.D.

20. FILED _____, 19____ Local Registrar.

(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.

