

OFFICE of VITAL STATISTICS

CERTIFIED COPY

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Country Mexico District No. 31-01 State File No. 8358

Precinct \_\_\_\_\_ Precinct No. \_\_\_\_\_

or (Write name, not number)

Inc. Town Ocala City or Town No. 31512 Registered No. 3183

or

City \_\_\_\_\_ No. \_\_\_\_\_ 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 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Jimme J. J. J.

(a) Residence: No. Ocala St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Black 5. Single, married, widowed or divorced? (write the word) married

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

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

7. AGE 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. \_\_\_\_\_

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) no data

FATHER 13. NAME was on an county

14. BIRTHPLACE (city or town) (State or country) Polk

MOTHER 15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT Jay R. Pyle

(Address) Ocala Fla

18. BURIAL, CREMATION, OR REMOVAL Place not here Date July 12, 1935

19. UNDERTAKER Jay R. Pyle

(Address) Ocala Fla

20. FILED July 12, 1935 Local Registrar \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1935 to 2-11, 1935

I last saw him alive on 2-11, 1935, death is said to have occurred on the date stated above, at 10:30 a.m.

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

Uremic coma

Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause: urinary obstruction

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Urea Was there an autopsy? no

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

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? no

If so, specify \_\_\_\_\_

(Signed) J. L. Chalker M.D.

(Address) 1368 Ocala Fla

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

C. Meach G. J. J., State Registrar

Date Issued: FEB 11 2009

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

WARNING:



DH FORM 1946 (08-04)

25229412

CERTIFICATION OF VITAL RECORD



\* 2 5 2 2 9 4 1 2 \*