

# CERTIFICATE OF DEATH

812  
930

CLASS NO.

NO. OF RECORD

CENSUS TRACT NO.

59

HEALTH DEPT. D.C.

DISTRICT OF COLUMBIA HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS

**1. PLACE OF DEATH:**

(a) Street address  
 (b) Name of hospital or institution  
 (c) Length of stay: In hospital or institution  
 (d) In District of Columbia

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County  
 (c) City or town  
 (d) Street address  
 (e) If foreign born, how long in U. S. A.?

**3. (a) FULL NAME (Print)**

*Florence Kathleen*

(b) SOCIAL SECURITY NO.

(c) IF VETERAN, NAME WAR

4 SEX: 5 COLOR OR RACE 6 (a) SINGLE (b) MARRIED (c) WIDOWED (d) DIVORCED

*Female White*

6 (b) NAME OF HUSBAND OR WIFE

7 BIRTH DATE OF DECEASED

*Dec 17-1895*

8 AGE: Years Months Days If LESS than one day... hr. min.

*47*

9 BIRTHPLACE (City, town or county) (State or foreign country)

10 USUAL OCCUPATION

11 INDUSTRY OR BUSINESS

12 NAME (Print)

13 BIRTHPLACE (City, town, or county) (State or foreign country)

14 MAIDEN NAME (Print)

15 BIRTHPLACE (City, town, or county) (State or foreign country)

16 (a) INFORMANT

(b) ADDRESS

(c) RELATION OF INFORMANT TO DECEDENT

17 (a) PLACE OF BURIAL, CREMATION, OR REMOVAL

(b) DATE

(c) SIGNATURE OF FUNERAL DIRECTOR

(d) ADDRESS

(e) ADDRESS

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: April 19 1943  
 (Month) (Day) (Year)  
 at (State exact time of death)

21. I HEREBY CERTIFY that I attended the deceased from April 17 1943 to April 19 1943 that I last saw her alive on April 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death  
*Neurococcal Meningitis*

Due to

Due to

Other conditions

(Include report of pregnancy within 3 months of death)

OPERATION: Name Date

Major findings

Autopsy findings

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, in industrial place, in public place? (Specify type of place)

(e) Means of injury

SIGNATURE M.D.

**IMPORTANT NOTICE.**—Failure to submit a Certificate of Death to the Health Department within forty-eight hours after the date of death is a violation of the laws of the District of Columbia. It is also a violation for any person or persons having custody of a body to hold it unburied for a longer period than one week after death. Violation of these laws is punishable by fine or imprisonment or both.

**THIS IS A PERMANENT RECORD. PLEASE FILL OUT WITH TYPEWRITER (EXCEPT SIGNATURES) OR WRITE PLAINLY WITH UNFADING INK.** Every item of information should be carefully supplied. AGE should be stated EXACTLY; if unknown, give approximate age. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See for remarks on the other side.

Date Issued: APR 29 1983

NOT VALID WITHOUT RAISED SEAL

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL CERTIFICATE FILED IN ORDER WITH THE VITAL RECORDS DIVISION OF THE DEPARTMENT OF HUMAN RESOURCES, DISTRICT OF COLUMBIA.

*John H. Randall*