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STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
FLORIDA  
CERTIFICATE OF DEATH

STATE FILE NO.

REGISTRAR'S NO.

THIS DEATH RECORD IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS OF THE STATE BOARD OF HEALTH, PALM BEACH, FLORIDA.

9-6-58

15-699

ALL INFORMATION ON THIS DEATH RECORD IS TO BE KEPT CONFIDENTIAL AND NOT TO BE RELEASED TO ANY OTHER AGENCY OR INDIVIDUAL WITHOUT THE WRITTEN PERMISSION OF THE BUREAU OF VITAL STATISTICS.

MEDICAL CERTIFICATION

1. BIRTH NO.		2. DEATH NO.		3. REGISTRATION NO.	
Broward		15-53		Broward	
4. COUNTY		5. PLACE OF DEATH		6. STATE	
Pompano Beach		Pompano Beach		Florida	
7. CITY/TOWN OR LOCATION		8. STREET ADDRESS		9. CITY/TOWN OR LOCATION	
751 S. Federal Hwy.		751 S. Fed. Hwy. Trailer		Pompano Beach	
10. SEX		11. RACE		12. DATE OF BIRTH	
Male		White		June 27, 1907	
13. USUAL OCCUPATION		14. OCCUPATION AT DEATH		15. DATE OF DEATH	
Photographer		Photographer		Sept. 5, 1958	
16. NAME OF DECEASED		17. NAME OF REPORTER		18. SIGNATURE OF REPORTER	
William Bartow Humphries		Leah Belle Lewis		[Signature]	
19. IS DEATH OF NATURAL CAUSE?		20. IS DEATH OF UNNATURAL CAUSE?		21. IF UNNATURAL, SPECIFY	
[X] YES		[ ] NO		[ ] No	
22. CAUSE OF DEATH		23. MANNER OF DEATH		24. ICD-9 CODE	
Emergency disease of unknown origin		Natural		599.9	
25. PLACE OF DEATH		26. PLACE OF BURIAL		27. NAME OF CEMETERY	
Pompano Beach		Pompano Beach		Opelands Cemetery	
28. NAME OF PHYSICIAN		29. NAME OF CLERIC		30. NAME OF MINISTER	
[Signature]		[Signature]		[Signature]	
31. I attended the deceased from [ ] or [ ] and last saw him/her on [ ] at [ ]		32. I attended the deceased from [ ] or [ ] and last saw him/her on [ ] at [ ]		33. I attended the deceased from [ ] or [ ] and last saw him/her on [ ] at [ ]	
[Signature]		[Signature]		[Signature]	
34. I attended the deceased from [ ] or [ ] and last saw him/her on [ ] at [ ]		35. I attended the deceased from [ ] or [ ] and last saw him/her on [ ] at [ ]		36. I attended the deceased from [ ] or [ ] and last saw him/her on [ ] at [ ]	
[Signature]		[Signature]		[Signature]	

EXHIBIT

ADMITTED TO NEXT CASE

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