FLORIDA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Putnam District No. 41-05 State File No. 5432

Precinct _____ (Write name, not number) Precinct No. _____

or Inc. Town San Mateo City or Town No. 41-S-66 Registered No. _____

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 1 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Marion S. Marvick

(a) Residence: No. Ponte La. San Mateo, Fla. Ward

(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, married, widowed or divorced (write the word): Married

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

6. DATE OF BIRTH (month, day and year) Dec. 16 1883

7. AGE: Years 50; Months; Days; If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Memphis (State or country) Tenn

FATHER

13. NAME B. H. Sandeford

14. BIRTHPLACE (city or town) _____ (State or country) Tenn

MOTHER

15. MAIDEN NAME Susie Marion

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

17. INFORMANT A. N. Marvick (Address) San Mateo Fla.

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Cemetery Mar 14 1933

19. UNDERTAKER W. Cecil Davis (Address) Palatka Fla.

20. FILED May 11 1933 C. S. T. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 12 1933

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 5.30p m.

The principal cause of death and related causes of importance in order

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. Warren, M.D.

113 (Address) Palatka Fla

Ken Jones, State Registrar

Date Issued: April 11, 2016