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BUREAU of VITAL STATISTICS

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Puymann District No. 41-05 State File No. 5432
 Precinct (Write name, not number) Precinct No. _____
 or Inc. Town San Mateo City or Town No. 41-5-66 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 _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Marion S. Marvick(a) Residence: No. Out. Co. 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 Married
 (If divorced, write the word)

6a. If married, widowed, or divorced, name of 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.

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

13. NAME B. H. Sandeford
 14. BIRTHPLACE (city or town) (State or country) Tenn

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. C. Adams (Address) Palatka Fla.

20. FILED May 11 1933 S. 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 him alive on _____ 19____, death is said to have occurred on the date stated above, at 5a.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. W. Warren M.D.(Address) Palatka Fla.

Ken Jones, State Registrar

Date Issued: April 11, 2016

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



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