CERTIFICATE OF DEATH

Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS

FLORIDA

STATE FILE NO.
REGISTRAR'S NO.

TYPE OR PRINT IN PERMANENT INK
SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1. DECEASED—NAME (First, Middle, Last): KATIE JENKINS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): Oct. 20, 1971
4. RACE (White, Negro, American Indian, etc.) (Specify): White
5a. AGE—Last Birthday (Years): 77
5b. UNDER 1 YEAR — Mos. / Days:
5c. UNDER 1 DAY — Hours / Min.:
6. DATE OF BIRTH (Month, Day, Year): Mch. 20, 1894
7a. COUNTY OF DEATH: Gulf
7b. CITY, TOWN, OR LOCATION OF DEATH: Port St. Joe, Fla.
7c. INSIDE CITY LIMITS (Specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Municipal Hospital
8. STATE OF BIRTH (If not in U.S.A., name country): Texas
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): None
12. SOCIAL SECURITY NUMBER:
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Presser
13b. KIND OF BUSINESS OR INDUSTRY: Laundry

USUAL RESIDENCE WHERE DECEASED LIVED. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Florida
14b. COUNTY: Gulf
14c. CITY, TOWN, OR LOCATION: Port St. Joe, Fla.
14d. INSIDE CITY LIMITS (Specify yes or no): Yes
14e. STREET AND NUMBER: 532 3rd. Street

PARENTS

15. FATHER—NAME (First, Middle, Last): John McKee
16. MOTHER—MAIDEN NAME (First, Middle, Last): Bytha E. Thompson

17a. INFORMANT—NAME: Mrs. Oma Burrows
17b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 532 3rd. St. Port St. Joe, Fla. 3245

CAUSE

18. PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET

IMMEDIATE CAUSE
(a) ~~Cute.~~ Pulmonary Edema — 30 m
DUE TO, OR AS A CONSEQUENCE OF:
(b) Congestive Heart Failure — 2 m
DUE TO, OR AS A CONSEQUENCE OF:
(c) Arteriosclerosis Cardio-Vas Dis — unk

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in Part I (a)

19a. AUTOPSY (Yes or No): No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. (Probably) ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED (Specify):
20b. DATE OF INJURY (Month, Day, Year):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, ite
20e. INJURY AT WORK (Specify yes or no):
20f. PLACE OF INJURY At home, farm, street, factory, office bldg., etc. (Specify):
20g. LOCATION (Street or R.F.D. No., City or Town, State):

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I attended the deceased from (Month, Day, Year)
21b. to (Month, Day, Year)
21c. and last saw him/her alive on (Month, Day, Year)
21d. I did/did not view the body after death.
21e. Death occurred at the place, date, and, of my kno... M. to the cau...

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated.
Hour of death: M.
22b. The decedent was pronounced dead: Month / Day / Year / Hour

23a. CERTIFIER—NAME (Type or print): Joseph P. Hendrix M. D.
23b. SIGNATURE: Joseph Hendrix M.D.
DEGREE OR TITLE
23c. DATE SIGNED (Month, Day, Year): Oct. 22,
23d. MAILING ADDRESS—CERTIFIER: 324 Williams Ave. (Street or R.F.D. No.), Port St. Joe (City or Town), Fla. (State) 32456

BURIAL

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Holly Hill Cemetery
24c. LOCATION (City or Town, State): Port St. Joe, Gulf Flor
24d. DATE (Month, Day, Year): Oct. 24, 1971
25a. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Comforter Funeral Home, 601 Long Ave. Port St. Joe
25b. FUNERAL DIRECTOR—SIGNATURE: W. P. Comforter
26a. REGISTRAR—SIGNATURE:
26b. DATE RECEIVED BY LOCAL REGISTRAR:

V. S. #612
Rev. 1970

" I hereby certify that the above is a true and correct copy of the original record on file with The Bureau Of Vital Statistics of The Florida State Board Of Health at Jacksonville, Florida"