

OFFICE of VITAL STATISTICS

CERTIFIED COPY

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 69-058058

BIRTH NO.		REGISTRAR'S NO.	
1. PLACE OF DEATH a. COUNTY <u>Gulf</u>		CODE NO. <u>33-227</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Florida</u> b. COUNTY <u>Gulf</u>
b. CITY, TOWN, OR LOCATION <u>Port St. Joe</u>		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	c. CITY, TOWN, OR LOCATION <u>Highland View</u> e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Municipal Hospital.</u>		d. STREET ADDRESS <u>33-x-x-x</u>	
3. NAME OF DECEASED (Type or print) First <u>PERCY</u> Middle <u>OTHNILE</u> Last <u>BURROWS</u>			4. DATE OF DEATH Month <u>October</u> Day <u>26</u> Year <u>1969</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>12 March 1908</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		14. MOTHER'S MAIDEN NAME <u>Ida Tobittra Kerr</u>	
13. FATHER'S NAME <u>Louie Ross Burrows</u>		16. SOCIAL SECURITY NO. <u> </u> 17. INFORMANT'S SIGNATURE <u>Raymond Burrows</u> Address <u>Highland View, Fla.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Aspiration of Blood.</u> DUE TO (b) <u>Hemorrhage in lung,</u> DUE TO (c) <u>Lung Cancer (Bronchio carcinoma)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>10-24-69</u> to <u>10-26-69</u> and last saw her ^{alive} on <u>10/25/69</u> . Death occurred at <u>5:15 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>Port St. Joe, Fla.</u>	
22c. DATE SIGNED <u>10-27-69</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>10/30/69</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Holly Hill Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Port St. Joe Gulf Fla.</u>		(State)	
24. FUNERAL DIRECTOR'S SIGNATURE <u>W.P. Comforter</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 29, 1969</u>	
ADDRESS <u>Port St. Joe, Fla</u>		26. REGISTRAR'S SIGNATURE <u>Louise St. Sowers</u>	

VOID IF ALTERED OR ERASED



[Signature], State Registrar

Date Issued: DEC 31 2007

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

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CERTIFICATION OF VITAL RECORD



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