

N. E. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1) PLACE OF DEATH

State Board of Health of Florida

Form 117

County Manatee

STANDARD CERTIFICATE OF DEATH

Township \_\_\_\_\_  
or  
Village Lakewood Ridge  
or  
City \_\_\_\_\_

3002 Bay Dr  
30524 Palmyra Dr

Registered 7061

If death occurred in a hospital or institution, give its NAME instead of street and number.

(No. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)  
2) FULL NAME Allen Whitted

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3) SEX Male 4) COLOR or RACE White 5) SINGLE, MARRIED, WIDOWED, or DIVORCED Married  
(WRITE the word)

16) DATE OF DEATH July 24 of 1919  
(Month) (Day) (Year)

6) DATE OF BIRTH Mar. 3 1860  
(Month) (Day) (Year)

17) I HEREBY CERTIFY. That I attended deceased from July 24 1919 to July 26 1919  
that I last saw him alive on July 26 1919  
and that death occurred, on the date stated above, at \_\_\_\_\_ m.

7) AGE 59 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

The CAUSE OF DEATH ★ was as follows:  
Cancer on left Thy

8) OCCUPATION  
(a) Trade, profession, or particular kind of work. Farmer  
(b) General nature of industry, business or establishment in which employed (or employer)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9) BIRTHPLACE (State or country) Idaho

Contributory (Secondary) nothing

10) NAME OF FATHER Elbudge Whitted

(Signed) J. M. McOyster M. D.  
July 15 1919 (Address) Wakulla

11) BIRTHPLACE OF FATHER (State or country) \_\_\_\_\_

★ State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

12) MAIDEN NAME OF MOTHER \_\_\_\_\_

18) LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents),

13) BIRTHPLACE OF MOTHER (State or country) \_\_\_\_\_

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted, If not at place of death? \_\_\_\_\_

14) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Former or usual residence \_\_\_\_\_

(Informant) Viola Whitted

19) PLACE OF BURIAL OR REMOVAL Sarasota Fla DATE OF BURIAL July 5 1919

(Address) \_\_\_\_\_

20) UNDERTAKER Geo. Thacker ADDRESS Sarasota Fla.

15) Filed Aug 10 1919 Paul Thompson Registrar