

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 64-049617

REGISTRAR'S NO. 2165

1 PLACE OF DEATH a. COUNTY DeSoto		CODE NO. 24-XXX		2 USUAL RESIDENCE (If less than one year, give date) a. STATE Florida		b. COUNTY Hillborough		
3 CITY, TOWN, OR LOCATION Arcadia, Florida			7 IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		6 CITY, TOWN, OR LOCATION Tampa		8 IS DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
6 NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) G. Pierce Wood Memorial			7 LENGTH OF STAY IN HOSPITAL 19m 26d		8 STREET ADDRESS 8316 12th st.			9 ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3 NAME OF DECEASED (Type or print) Grace Kimball				4 DATE OF DEATH Month Day Year November 27, 1964				
5 SEX Female		6 COLOR OR RACE Caucasian		7 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8 DATE OF BIRTH July 21, 1892		
10a. USUAL OCCUPATION (If any kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11 BIRTHPLACE (State or foreign country) Florida		
13 FATHER'S NAME John Ellis				14 MOTHER'S MAIDEN NAME Florence Holden				
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, see instructions) (If yes, give year or date of service) No		16 SOCIAL SECURITY NO. Unknown		17 INFORMANT'S SIGNATURE <i>M. C. Williams, Jr.</i> Admission CPMCI Records, Arcadia, Florida				
18 CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) [REDACTED]) Conditions, if any, which gave rise to above cause (b), stating the underlying cause last DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								
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 (After nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
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		20g. COUNTY STATE		
21. I attended the deceased from April 1, 1963 to November 27, 1964 and last saw her alive on November 27, 1964 . Death occurred at 1:20 a.m. on the date stated above; and to the best of my knowledge, from the cause stated.								
22a. SIGNATURE <i>M. C. Williams, Jr.</i>				22b. ADDRESS M.D. Box 189, Arcadia, Florida		22c. DATE SIGNED 11/27/64		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
		1964		Tampa, Florida				
24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>			25. DATE RECD. BY LOCAL REG Nov. 7, 1964		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
ADDRESS Arcadia								

CERTIFIED COPY

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE BUREAU OF VITAL STATISTICS OF THE FLORIDA STATE BOARD OF HEALTH AT JACKSONVILLE, FLORIDA.

NOT VALID UNLESS THE SEAL OF THE FLORIDA STATE BOARD OF HEALTH IS AFFIXED

DEC 18 1964

Wilson T. Soderstrom, Jr.
Everett H. Williams, Jr.
DIRECTOR, BUREAU OF VITAL STATISTICS

HILLBOROUGH COUNTY

B 4 3 6 8 0

*** THIS AFFIDAVIT HAS BEEN MADE FOR GENEALOGICAL PURPOSES ONLY. IT HAS NOT BEEN FILED WITH THE BUREAU OF VITAL STATISTICS.



AFFIDAVIT TO AMEND A FLORIDA CERTIFICATE OF DEATH

(See instructions on reverse)	State of Florida Department of Health	
ENTER CORRECT INFORMATION CONCERNING DECEASED PERSON	NAME OF DECEASED Grace Sleetie Kimball	STATE FILE NO. 1964-049617
	DATE OF DEATH Month Day Year November 27, 1964	PLACE OF DEATH (COUNTY) DeSoto
		CITY, TOWN OR LOCATION Arcadia
	ITEM OMITTED OR IN ERROR	DEATH CERTIFICATE SHOWS SHOULD BE
ITEMS TO BE AMENDED OR CORRECTED	8. Date of Birth	July 21, 1892
	9. Age	72
	13. Father's Name	John Ellis
	14. Mother's Maiden Name	Floriene Holden
		John A. Ellis
		Effie Florence Holton

AFFIDAVIT OF INFORMANT OR NEXT OF KIN	I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT		ADDRESS
	SIGNATURE <i>Robert T. Koehler</i>		331 Windwood Oaks Dr., #101, Tampa, Fla. 33613
	STATE OF FLORIDA, COUNTY OF <u>Hillsborough</u>	Signature of Notary Public <i>J. A. Dunston</i>	SEAL
	SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME, THIS <u>7th</u> DAY OF <u>May</u> , 20 <u>10</u>	Print, Type, or Stamp Name of Notary Public <i>Jeanine A. Dunston</i>	
	BY <u>Robert T. Koehler</u>		
	Personally Known <input checked="" type="checkbox"/> OR Produced Identification _____		
	Type of ID Produced: _____		

