

CERTIFICATE OF DEATH - FLORIDA

OFF. REC. 3625 PG 1512

Department of Health and Rehabilitative Services
 DIVISION OF VITAL STATISTICS

STATE FILE NO. 04458

DECEASED—NAME ROBERT WILSON MC DONALD		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) October 29, 1975
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) White	AGE—LAST BIRTHDAY (YEARS) 52	DATE OF BIRTH (MONTH, DAY, YEAR) Sept. 9, 1923	COUNTY OF DEATH Hillsborough
CITY, TOWN, OR LOCATION OF DEATH Tampa, Florida	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) Veterans Administration Hospital	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Florida	CITIZEN OF WHAT COUNTRY USA	SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) Belda Fay Whitted	
SOCIAL SECURITY NUMBER 263-22-0394	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Yard Foreman	KIND OF BUSINESS OR INDUSTRY Railroad	
RESIDENCE—STATE Florida	CITY, TOWN, OR LOCATION Hillsborough Tampa	STREET AND NUMBER 1012 East North Bay St	

INT. TAX
 SURTAX
 REG. FEE **4.00**
 TOT. DUE **4.00**
 ACC. NUM.
 REG. GLK. **MS**

FATHER—NAME **John Norman McDonald, Sr** MOTHER—MAIDEN NAME **Frances Gertrude Hadden**

INFORMANT—NAME **Mrs. Belda F. McDonald** MAILING ADDRESS **1012 East North Bay St., Tampa, Florida 33603**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) **ANAPLASTIC CARCINOMA WITH SECONDARY SEVERE HEMOPTYSIS RESULTING IN RESPIRATORY FAILURE, PRIMARY CARCINOMA UNKNOWN**

(b) **JAMES F. TAYLOR, JR., CLERK CIRCUIT COURT RECORDING DEPT.**

(c) **OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.**

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.

(Probably) ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED (SPECIFY)

DATE OF INJURY (MONTH, DAY, YEAR) **Aug. 15, 1975** HOUR **7:00**

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFICATION—PHYSICIAN: **VA** ATTENDED THE DECEASED FROM **Aug. 15, 1975** TO **Oct. 29, 1975**

CERTIFICATION—MEDICAL EXAMINER OR CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, THE DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED

CERTIFIER—NAME (TYPE OR PRINT) **WILLIAM SODEMAN, M.D.** SIGNATURE *[Signature]* DEGREE OR TITLE **M.D.** DATE SIGNED (MONTH, DAY, YEAR) **Oct. 30, 1975**

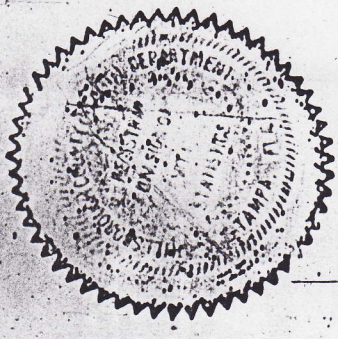
MAILING ADDRESS—CERTIFIER **Veterans Administration Hospital, 13000 North 30th Street, Tampa, Florida 33612**

BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** CEMETERY OR CREMATORY—NAME **Sunset Memory Gardens** LOCATION **Hillsborough County, Florida**

DATE (MONTH, DAY, YEAR) **November 1, 1975** FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **F. T. Blount Company, 5101 Nebraska Avenue, Tampa, Florida 33603**

FUNERAL DIRECTOR—SIGNATURE *[Signature]* REGISTRAR—SIGNATURE *[Signature]* DATE AFFIXED BY LOCAL REGISTRAR **October 31, 1975**

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 604 0006 197880
 RECORDED 008518 C
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I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE LOCAL REGISTRAR'S RECORD ON FILE IN THE HILLSBOROUGH COUNTY HEALTH DEPARTMENT AT TAMPA, FLORIDA (WARNING: NOT VALID UNLESS RAISED SEAL OF THE HILLSBOROUGH COUNTY HEALTH DEPARTMENT IS AFFIXED)

[Signature]
John S. Neill, M.D., M.P.H., Director
County Health Officer & Local Registrar

[Signature]
Theresa M. Lappene
Deputy Registrar

NOV 3 1975
 Date

STATE OF FLORIDA
 COUNTY OF HILLSBOROUGH
 THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN MY OFFICE. I WITNESS MY HAND AND OFFICIAL SEAL THIS **20th** DAY OF **December** 20**1975**

[Signature]
PAT FRANK
CLERK OF CIRCUIT COURT
 BY *[Signature]*
Lorraine Mae Cadden
 B.C.