

# HILLSBOROUGH COUNTY HEALTH DEPARTMENT

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TELEPHONE --272-1041

TAMPA, FLORIDA 33601

272-6390

## CERTIFICATE OF DEATH FLORIDA

Department of Health and Rehabilitative Services  
DIVISION OF HEALTH  
REGULATORY SERVICES

STATE FILE NO. \_\_\_\_\_  
REGISTRAR'S NO. **02331**

TO PRINT IN  
MARRIAGE  
HANDBOOK FOR  
INSTITUTION

**DECLARANT**

TO BE COMPLETED  
BY REGISTRAR  
IF DEATH  
OCCURRED IN  
HOSPITAL, NURSING  
HOME, BOARDING  
HOUSE

**PARENTS**

**CAUSE**

**CERTIFIER**

**JURIAL**

DECEASED - NAME <b>GEORGE TAYLOR SAGE</b>		SEX <b>Male</b>	DATE OF DEATH - MONTH, DAY, YEAR <b>June 4, 1976</b>
RACE OR ETHNIC ORIGIN <b>White</b>	AGE - LAST BIRTHDAY <b>68</b>	DATE OF BIRTH - MONTH, DAY, YEAR <b>Oct. 29, 1907</b>	COUNTY OF DEATH <b>Hillsborough</b>
CITY, TOWN OR LOCATION OF DEATH <b>Tampa</b>	HOSPITAL OR OTHER INSTITUTION <b>Yes</b>	NAME OF HOSPITAL, STREET AND NUMBER <b>Tampa General Hospital</b>	
STATE OF BIRTH <b>Pennsylvania</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <b>Married</b>	SURVIVING SPOUSE - NAME <b>Mary D. Dean</b>
SOCIAL SECURITY NUMBER	USUAL OCCUPATION <b>Clerk</b>	KIND OF BUSINESS OR INDUSTRY <b>Grocery Store</b>	
RESIDENCE - STATE <b>Florida</b>	CITY, TOWN OR LOCATION <b>Hillsborough Tampa</b>	STREET AND NUMBER <b>1704 W. Patterson</b>	
FATHER - NAME <b>Redmond Caton Sage</b>	MOTHER - MAIDEN NAME <b>Mable Taylor</b>		
INFORMANT - NAME <b>Mrs. Mary D. Sage</b>	MAILING ADDRESS <b>1704 W. Patterson Tampa, Fla. 33604</b>		
PART I DEATH WAS CAUSED BY <b>(a) Myocardial infarction</b> <b>(b) Coronary occlusion</b> <b>(c) Arteriosclerotic Cardiovascular disease</b>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Immediately</b>
PART II OTHER SIGNIFICANT CONDITIONS			AUTOPSY YES OR NO <b>No</b>
INJURY AT WORK	PLACE OF INJURY	LOCATION	HOW INJURY OCCURRED
CERTIFICATION - PHYSICIAN	DATE OF INJURY	DATE OF DEATH	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, BUT TO THE CAUSE(S) STATED
CERTIFIER - NAME (TYPE OR PRINT)	SIGNATURE		DATE SIGNED
<b>Maurice C. Guest, M.D.</b>	<i>Maurice C. Guest</i>		<b>6/4/76</b>
BURIAL, CREMATION, REMOVAL	CEMETERY OR CREMATORY	LOCATION	
<b>Burial</b>	<b>Myrtle Hill Cemetery</b>	<b>Tampa, Florida</b>	
DATE <b>June 7, 1976</b>	FUNERAL HOME - NAME AND ADDRESS		
<b>Ralph L. Hamilton</b>	<b>Snipes-Hamilton Funeral Home 6718 N. Armenia Ave. Tampa, Fla.</b>		
FUNERAL DIRECTOR - SIGNATURE	REGISTRAR - SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
<i>Ralph L. Hamilton</i>	<i>Therese M. Luppens</i>	<b>June 4, 1976</b>	

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).

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

*Therese M. Luppens*  
Therese M. Luppens - Deputy Registrar

JUN 7 1976  
Date

