

015418-

Pce 1.50

11:55

O.R. BOOK 142 PAGE 640

STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS				CERTIFICATE OF DEATH FLORIDA		STATE FILE NO. _____	
BIRTH NO. _____		REGISTRAR'S NO. _____					
1 PLACE OF DEATH # COUNTY Lake		3 CODE NO. 45 27		2 USUAL RESIDENCE (If not in home, give address of residence before admission) # STATE Florida		# COUNTY Lake	
5 CITY, TOWN, OR LOCATION Leesburg		7 IS PLACE OF DEATH INSIDE CITY LIMITS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		6 CITY, TOWN, OR LOCATION Leesburg		8 IS RESIDENCE INSIDE CITY LIMITS YES <input type="checkbox"/> NO <input type="checkbox"/>	
4 NAME OF HOSPITAL OR INSTITUTION 722 McKinzie St		9 LENGTH OF STAY 12 yrs		4 STREET ADDRESS 722 McKinzie Street		ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3 NAME OF DECEASED (Type or print) SALLY ANN COURTOY		6 SEX Female		8 DATE OF DEATH October 14th, 1960		9 AGE (In years, months, days) 82	
7 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8 DATE OF BIRTH March 15th, 1878		9 UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Mins <input type="checkbox"/>		10 UNDER 5 YEARS Years <input type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Mins <input type="checkbox"/>	
10a USUAL OCCUPATION (Occupation of work done during most of working life, even if retired) Housewife		10b KIND OF BUSINESS OR INDUSTRY Own Home		11 BIRTHPLACE (State or foreign country) Leesburg, Florida		12 COUNTRY OF BIRTH U.S.A.	
13 FATHER'S NAME W.W. Ward		14 MOTHER'S MAREN NAME Lona Simmons		17 INFORMANT'S SIGNATURE <i>Lena E. Handley</i> At 722 McKinzie Street, Leesburg, Florida			
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, give date of service) No		16 SOCIAL SECURITY NO. None					
18							
MEDICAL CERTIFICATION							
20a (If any) 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 form 118)					
20c TIME OF DEATH Hour <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/>							
20d MARRY DECLARED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e PLACE OF MARRY (e.g., in or about home, farm, factory, hotel, office, etc.)		20f CITY, TOWN, OR LOCATION		20g COUNTY STATE	
21 I attended the deceased from 1954 to 10-14-60 and last saw him alive on 10-14-60 . Death occurred at Leesburg, Fla. on the date stated above, and to the best of my knowledge, from the cause stated.							
22a SIGNATURE <i>Walter S. ... M.D.</i>		22b ADDRESS Leesburg, Florida		22c DATE SIGNED			
23a BURIAL, CREATION, OR OTHER DISPOSITION Burial		23b DATE Oct. 27, 1960		23c NAME OF CEMETERY OR CREMATORY Lone Oak		23d LOCATION (City, town, or county) (S 40) Leesburg, Florida	
24 GENERAL DIRECTOR'S SIGNATURE <i>J. B. ...</i>		25 ADDRESS Leesburg, Florida		25 DATE RECD BY LOCAL REG Oct 17 1960		26 REGISTRAR'S SIGNATURE <i>Jean Dreed</i>	

ESTABLISHED
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 PRESENT
 Wilson T. ...
 STATE REGISTRAR
 Everett H. Williams
 DIRECTOR, BUREAU OF VITAL STATISTICS
 NOV 15 1960
 COUNTY SEAL

FILED IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT OF LAKE COUNTY, FLORIDA, ON **DEC 2 1960** AT **11:55** O'CLOCK **A.M.** AND RECORDED IN THE "OFFICIAL RECORDS" BEGINNING WITH BOOK NO. **142** PAGE **640** AND RECORD VERIFIED.
 Frank E. Owens CLERK ✓