

1) PLACE OF DEATH

State Board of Health of Florida

Form 117

County Manatee

STANDARD CERTIFICATE OF DEATH

Township _____
or
Village Lakewood Ridge

3002 Bay Dr
30524 Palmyra Dr

Registered 7061

City _____ (No. _____ St.: _____ Ward _____)

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

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, 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) about 1 yrs. _____ mos. _____ ds.

9) BIRTHPLACE (State or country) Idaho

Contributory (Secondary) nothing

10) NAME OF FATHER Elbridge Whitted

(Signed) J. M. McOyle 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 _____

13) BIRTHPLACE OF MOTHER (State or country) _____

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

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

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

(Informant) Viola Whitted

Former or usual residence _____

(Address) _____

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

15) Filed Aug 10, 1919 Paul Thompson Registrar

20) UNDERTAKER Geo. Thacker ADDRESS Sarasota Fla.

N. B. 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.