

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 1054

REGISTRAR'S NO. 0010

1. PLACE OF DEATH a. COUNTY <u>Hillsboro</u>		CODE NO. <u>39-20</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Florida</u> b. COUNTY <u>Pinellas</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL) <u>Tampa</u>	c. LENGTH OF STAY (in this place) <u>Unknown</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL) <u>Pinellas Park</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>62-xx Rural</u>		
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>EVE LYN</u> c. (Last) <u>BARNES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 3, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 17, 1882</u>	9. AGE (In years last birthday) Months Min. <u>67 0 16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Wrapper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hav-A-Tampa Cigar</u>	11. BIRTHPLACE (State or foreign country) <u>13 Kalazzazoo, Mich.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Henry Caswell</u>		14. MOTHER'S MAIDEN NAME <u>Cora Stephenson</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>262-07-4324</u>	17. INFORMANT'S SIGNATURE <u>Albert Louis Barnes</u> ADDRESS <u>PO Box 275 Pinellas Park Fla</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Distention</u> ANTECEDENT CAUSES DUE TO (b) <u>abscess</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19b. MAJOR FINDINGS OF OPERATION <u>abscess found consisting of 2 separate ones 9/4 cm.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY OR TOWN) (COUNTY) (STATE) <u>5705-35</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? RED INK INDICATES INFORMATION SECURED AFTER ORIGINAL WAS FILED	
22. I hereby certify that I attended the deceased from <u>1-2, 1950</u> , to <u>1-3, 1950</u> , that I last saw the deceased alive on <u>1-3, 1950</u> , and that death occurred at <u>3:15 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>J. B. Charles</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Tampa Fla</u>	23c. DATE SIGNED <u>1-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-5-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Myrtle Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Tampa, Fla.</u>
DATE REC'D BY LOCAL REG. <u>1/5/50</u>		REGISTRAR'S SIGNATURE <u>J. B. Charles</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Louis Barnes</u> ADDRESS <u>409 Tyler t.</u>	

VOID IF ALTERED OR ERASED

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C. Neade G. J., State Registrar

Date Issued: **MAY 05 2010**

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



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CERTIFICATION OF VITAL RECORD



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*** 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 Mary Evelyn Barnes		STATE FILE NO. 1054
	DATE OF DEATH January 3, 1950	PLACE OF DEATH (COUNTY) Hillsborough	CITY, TOWN OR LOCATION Tampa
	ITEM OMITTED OR IN ERROR	DEATH CERTIFICATE SHOWS	SHOULD BE
ITEMS TO BE AMENDED OR CORRECTED	11. Birthplace	Kalazmazoo, Mich.	Alamo, Michigan
	14. Mother's Maiden Name	Cora Stephenson	Ida Mattison

I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT

AFFIDAVIT OF INFORMANT OR NEXT OF KIN

SIGNATURE: *Robert T. Koehler*

STATE OF FLORIDA, COUNTY OF Hillsborough

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME, THIS 11th DAY OF May, 2010.

BY Robert T. Koehler

Personally Known OR Produced Identification _____

Type of ID Produced: _____

ADDRESS: 331 Windwood Oaks Dr., #101, Tampa, Fla. 33613

Signature of Notary Public: *Kelly Chambliss*

Print, Type, or Stamp Name of Notary Public: **Kelly Chambliss**