

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

06301

STATE FILE NO.

83-108847

1. DECEDENT—NAME FIRST MIDDLE LAST
JOHN W. ELLIS

SEX: **Male** DATE OF DEATH (Mo., Day, Yr.): **Dec. 12, 1983**

2. PLACE—e.g., White, Black, Am. Indian, etc. (Specify): **White** AGE—Last Birthday (Yr.): **83**

3. UNDER 1 YEAR UNDER 1 DAY
 MO. DAYS HOURS MINS. DATE OF BIRTH (Mo., Day, Yr.): **July 29, 1900** COUNTY OF DEATH: **Hillsborough**

4. CITY, TOWN OR LOCATION OF DEATH: **Tampa** HOSPITAL OR OTHER INSTITUTION—Name (If not in index, give street and number): **Good Samaritan Hospital** IF HOSP. OR INST. (Indicate DOA, OP/Enter, Em., Inpatient) (Specify): **Inpatient**

5. STATE OF BIRTH (If not in U.S.A., name country): **Florida** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **Widowed** SURVIVING SPOUSE (If wife, give maiden name):

6. SOCIAL SECURITY NUMBER: **267-07-5566** USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Carpenter** KIND OF BUSINESS OR INDUSTRY: **Construction**

7. RESIDENCE—STATE: **Flori'a** COUNTY: **Hillsborough** CITY, TOWN, OR LOCATION: **Lutz** STREET AND NUMBER: **16228 Livingston Ave.** INSIDE CITY LIMITS (Specify Yr. or No.): **No**

8. FATHER—NAME FIRST MIDDLE LAST: **John Ellis** MOTHER—MAIDEN NAME FIRST MIDDLE LAST: **Florence M. Holton**

9. INFORMANT—NAME (Type or Print): **Betty Jean Jackson** MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP: **1709 N. Club Court; Tampa, Florida; 33612**

10. BURIAL, CREMATION, REMOVAL, OTHER (Specify): **Burial** CEMETERY OR CREMATORY—NAME: **Holton Cemetery** LOCATION CITY OR TOWN STATE: **Pasco County**

11. FUNERAL DIRECTOR (Signature): **Ralph J. Jennings** FUNERAL HOME ADDRESS: **Jennings Funeral Home, 6900 Nebraska Ave., Tpa, Fla 33604**

12. To the best of my knowledge, death occurred on the date, time and place and due to the cause stated. (Signature and Title): **Brad Bjornstad**

13. DATE SIGNED (Mo., Day, Yr.): **12/13/83** HOUR OF DEATH: **6:00 P.M.**

14. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): **Dr. Brad Bjornstad, M.D., 6101 Webb Road, Tampa, Florida 33615**

15. REGISTERAR (Signature): **Eleanor A Jennings** DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): **December 13, 1983**

16. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death: **1** **METASTATIC ADENOCARCINOMA OF COLON**

17. DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: **2**

18. DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: **3**

19. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): **Large OBSTRUCTION** AUTOPSY (Specify Yes or No): **NO** WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): **NO**

20. (Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify): DATE OF INJURY (Mo., Day, Yr.): HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED

21. INJURY AT WORK (Specify Yes or No): PLACE OF INJURY—In home, farm, street, factory, office building, etc. (Specify): LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE

VOID IF ALTERED OR ERASED

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C. Meade Grijj, State Registrar

Date Issued: APR 03 2009

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.



25477486

CERTIFICATION OF VITAL RECORD



* 25477486 *

DH FORM 1946 (08-04)

*** 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 John Willie Fenton Ellis		STATE FILE NO. 1983-108847
	DATE OF DEATH December 12, 1983	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	1. Decedent - Name	John W. Ellis	John Willie Fenton Ellis
	15. Father - Name	John Ellis	John A. Ellis
	16. Mother - Maiden Name	Florence M. Holton	Effie Florence Holton

AFFIDAVIT OF INFORMANT OR NEXT OF KIN

I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT

SIGNATURE *Robert T. Koehler* ADDRESS 331 Windwood Oaks Dr., #101, Tampa, Fla. 33613

STATE OF FLORIDA, COUNTY OF Hillsborough SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME, THIS 7th DAY OF May, 20 10.

BY Robert T. Koehler Personally Known OR Produced Identification _____ Type of ID Produced: _____

Signature of Notary Public *Jeanine A. Dunston* SEAL

Print, Type, or Stamp Name of Notary Public JEANINE A. DUNSTON

