

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 64-049617

REGISTRAR'S NO. 2165

1 PLACE OF DEATH a. COUNTY DeSoto		CODE NO. 24-XXX		2 USUAL RESIDENCE (If less than one year, residence before death) a. STATE Florida		b. COUNTY Hillborough			
3 CITY, TOWN, OR LOCATION Arcadia, Florida			7 IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		6 CITY, TOWN, OR LOCATION Tampa		8 IS DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
6 NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) G. Pierce Wood Memorial			7 LENGTH OF STAY IN HOSPITAL 19m 26d		8 STREET ADDRESS 8316 12th st.			9 ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3 NAME OF DECEASED (Type or print) Grace Kimball				4 DATE OF DEATH Month Day Year November 27, 1964		5 SEX Female		6 COLOR OR RACE Caucasian	
7 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8 DATE OF BIRTH July 21, 1892		9 A: 116 years (for birthday)		10 UNDER 1 YEAR TO LAST BIRTHDAY Months Days Years	
10a. USUAL OCCUPATION (If in kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11 BIRTHPLACE (State or foreign country) Florida		12 CITIZEN OF WHAT COUNTRY? U.S.A.	
13 FATHER'S NAME John Ellis				14 MOTHER'S MAIDEN NAME Florence Holden					
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, see 16 or 17) No		16 SOCIAL SECURITY NO. Unknown		17 INFORMANT'S SIGNATURE <i>M. C. Williams, Jr.</i> Admin CPMSI Records, Arcadia, Florida					
18 CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a))									
(Conditions, if any, which gave rise to above cause (a), stating the underlying cause last)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)									
20a (Probably) ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b DESCRIBE HOW INJURY OCCURRED (After nature of injury in Part I or Part II of Item 18.)			
20c TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from April 1, 1963 to November 27, 1964 and last saw her alive on November 27, 1964 . Death occurred at 1:20 a.m. on the date stated above; and to the best of my knowledge, from the cause stated.									
22a SIGNATURE <i>M. C. Williams, Jr.</i>				22b ADDRESS M.D. Box 189, Arcadia, Florida				22c DATE SIGNED 11/27/64	
23a BURIAL, CREMATION, REMOVAL (Specify)		23b DATE		23c NAME OF CEMETERY OR CREMATORY		23d LOCATION (City, town, or county) (State)			
24 FUNERAL DIRECTOR'S SIGNATURE <i>Everett H. Williams, Jr.</i>		ADDRESS Arcadia		25 DATE RECD. BY LOCAL REG Nov. 27, 1964		26 REGISTRAR'S SIGNATURE <i>Carolyn Prescott</i>			

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 AFFIXED

DEC 18 1964

Wilson T. Sander, M.D.
Everett H. Williams, Jr.
DIRECTOR, BUREAU OF VITAL STATISTICS

HILLBOROUGH COUNTY

B 43680

*** 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 Grace Sleetie Kimball	STATE FILE NO. 1964-049617
	DATE OF DEATH Month Day Year November 27, 1964	PLACE OF DEATH (COUNTY) DeSoto
		CITY, TOWN OR LOCATION Arcadia
	ITEM OMITTED OR IN ERROR	DEATH CERTIFICATE SHOWS SHOULD BE
ITEMS TO BE AMENDED OR CORRECTED	8. Date of Birth	July 21, 1892
	9. Age	72
	13. Father's Name	John Ellis
	14. Mother's Maiden Name	Floriencie Holden
		John A. Ellis
		Effie Florence Holton

AFFIDAVIT OF INFORMANT OR NEXT OF KIN	I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT		ADDRESS
	SIGNATURE <i>Robert T. Koehler</i>		331 Windwood Oaks Dr., #101, Tampa, Fla. 33613
	STATE OF FLORIDA, COUNTY OF <u>Hillsborough</u>	Signature of Notary Public <i>J. A. Dunston</i>	SEAL
	SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME, THIS <u>7th</u> DAY OF <u>May</u> , 20 <u>10</u>	Print, Type, or Stamp Name of Notary Public <i>Jeanine A. Dunston</i>	
	BY <u>Robert T. Koehler</u>		
	Personally Known <input checked="" type="checkbox"/> OR Produced Identification _____		
	Type of ID Produced: _____		

