

OFFICE of VITAL STATISTICS

CERTIFIED COPY

State Board of Health of Florida
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
County Balchown
Precinct Pine mill
(Write name, not number)
or
Inc. Town
or
City

CERTIFICATE OF DEATH

FILE NO. 9384REGISTRATION DISTRICT NO. 70.3

Registered No.

PRIMARY REGISTRATION DIST. NO. 70.37* FULL NAME Emily Gaff

St. Ward

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

* SEX Female * COLOR OR RACE White * SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

* DATE OF DEATH

Oct 20 1918
(Month) (Day) (Year)

* DATE OF BIRTH

September 8, 1978
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Oct 15 1918 to Oct 19 1918

* AGE

40 yrs. 1 mo. 12 ds. or 1 day. 1 hrs. 1 min.and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

* OCCUPATION

(a) Trade, profession, or particular kind of work

House wife10 influenza & Pneumonia

(b) General nature of industry, business, or establishment in which employed (or employer)

* BIRTHPLACE

(State or country)

Balchown Co FlaQ/N

* NAME OF FATHER

Thomas Ayers

Contributory (Successor)

* BIRTHPLACE OF FATHER (State or country)

Fla

* MAIDEN NAME OF MOTHER

Nellie Register

* BIRTHPLACE OF MOTHER (State or country)

Fla

* THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

H. R. Gaff(Address) Altha Fla

* 15

Filed

191 W.M. Dicks

REGISTRAR

Contributory (Successor)

(Signed)

E. A. Sellers

M. D.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

* LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

* 19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR REMOVAL

Ayers SemetaryOct 21 1918

* 20 UNDERTAKER

ADDRESS

B L BallardChardonville Fla

C. Meade G. J. J.

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.

DH FORM 1946 (08-04)

FLORIDA DEPARTMENT OF
HEALTH

25477471

CERTIFICATION OF VITAL RECORD



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VOID IF ALTERED OR ERASED

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