of Vital Statistics

CERTIFICATE OF DEATH
FLORIDA

State File No. ____

Registrar's No ____

PLACE OF DEATH:

County Bay District No. 3-01

Precinct ____ Precinct No. ____ (Write name, not number)

City or Town Panama City, City or Town No. 3-512

Name of hospital or institution None (If not in hospital or institution, write street number or location)

Length of stay: In hospital or institution None

this community six years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Florida (b) County Bay

(c) City or town Panama (If outside city or town limits, write RURAL)

(d) Street No. ____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

FULL NAME OF DECEASED Helen Malisia Howard

(a) If veteran, name war None 3 (b) Social Security No. None

Sex Female 5. Color or race White

Single, married, widowed or divorced Married

(a) If married, widowed or divorced, (or) wife of H. T. Howard

(b) Age of husband or wife, if alive 61 years

Birth date of deceased Sept 9th 1886 (month) (day) (year)

Age: Years	Months	Days	If less than one day
53	4	25	hrs. ____ min.

Birthplace Genva County Alabama (City, town or county) (State or foreign country)

Usual occupation House-wife

Industry or business ____

12. Name Daniel Patterson

13. Birthplace Alabama

14. Maiden name Malisia Davis

15. Birthplace Alabama

Informant's Signature H. T. Howard

(a) Address Panama City, R.F.D. No. 1

Burial, cremation or removal? Burial

(b) Date Feb 15th 1940 Place Hillville

Funeral Director's Signature J. B. Wilson

(a) Address Panama City, Florida

Filed 2-15- 1940 Sarah Strickland Local Registrar

MEDICAL CERTIFICATION

20. Date of Death: Month Feb Day 14th Year 1940 hour 7 Minute 10 P M.

21. I hereby certify that I attended the deceased from Dec 14 1939 To Feb 14 1940 that I last saw her alive on Feb 14 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myelogenous Leukemia — Duration 4 mo

Due to ____ 1 yr

Other conditions ____ (Include pregnancy within 3 months of death)

Major findings: of operations None (Give date of operation) of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, homicide (specify) ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature ____ M. D.

(a) Address Panama City Date Signed 2-2?-40

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)

Wilson T. Sowder, M.D.
STATE REGISTRAR

Everett H. Williams Jr.
DIRECTOR, BUREAU OF VITAL STATISTICS

AUG 2 9 1969

Chas H. Carter
DIRECTOR, DIVISION OF VITAL RECORDS