

STATE OF FLORIDA
BUREAU OF VITAL STATISTICS

1274

1 PLACE OF DEATH

STATE BOARD OF HEALTH

File No.

County Henry

CERTIFICATE OF DEATH

Precinct Deer Creek
(Write name, not number)

Registration District No. 63-01

Registered No.

or Inc. Town La Belle
or City (No. _____) St.: _____ Ward)

Primary Registration Dist. No. 63057

[If death in a hospital, name and street and

2 FULL NAME Henry Patterson

(a) Residence, No. La Belle, Fla. Ward _____ (If nonresident give city or town and

Length of residence in city or town where death occurred 4 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE Black 5 Single, Married, Widowed, or Divorced Single (Write the word)

16 DATE OF DEATH (Month, day and year) May 11

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

17 I HEREBY CERTIFY, That I attended decease _____, 19____, to _____ that I last saw h.....alive on _____ and that death occurred, on the date stated above, at _____

6 DATE OF BIRTH _____ 1. _____ (Month) (Day) (Year)

The CAUSE OF DEATH* was as follows: Killed a
a man and hung after dead in
city limits of La Belle, on May
1926. Coroner's inquest 7 days
_____ (duration) _____ yrs. _____ mos.

7 AGE About 22 yrs IF LESS than 1 day, _____ hrs. or _____ min.

CONTRIBUTORY Booze & Prejudice (Secondary) _____ (duration) _____ yrs. _____ mos.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer

18 Where was disease contracted Dr. J. L. Seebold

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

if not at place of death? _____ Date of _____

(c) Name of employer Hansen Bros.

Did an operation precede death? _____

9 BIRTHPLACE (city or town) _____ (State or country) _____

Was there an autopsy? by Coroner's jur

0 NAME OF FATHER _____

What test confirmed diagnosis? _____ (Signed) Wesley C. Richards

1 BIRTHPLACE OF FATHER (City or Town) _____ (State or country) _____

19 (Address) County Judge

2 MAIDEN NAME OF MOTHER Lives in Memphis Tenn

*State the Disease Causing Death, or in deaths from Causes, state (1) Means and Nature of Injury, and (2) Accidental, Suicidal, or Homicidal. (See reverse side if additional space.)

3 BIRTHPLACE OF MOTHER (City or Town) _____ (State or country) _____

19 Place of Burial, Cremation, or Removal Colored Cemetery in Glades Co. Date of Burial or Removal May 14

4 Informant Wesley C. Richards (Address) County Judge & Coroner

20 UNDERTAKER Raaford Edwards La Belle

5 Aug 28 1926 J. O. Clark Registrar.

Form V/S. No. 4