

CERTIFIED COPY

WE HEREBY CERTIFY THE COPY REPRODUCED BELOW TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE BUREAU OF VITAL STATISTICS OF THE STATE OF FLORIDA, DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES, DIVISION OF HEALTH AT JACKSONVILLE, FLORIDA.

(NOT VALID UNLESS THE SEAL OF THE STATE OF FLORIDA, DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES, DIVISION OF HEALTH IS AFFIXED.)

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

Wilson T. Souder, M.D.
STATE REGISTRAR, DIRECTOR, DIVISION OF HEALTH — DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

MAY 31 1972

State Board of Health
Bureau of Vital Statistics

CERTIFICATE OF DEATH FLORIDA

State File No. 21013
Registrar's No. 3553

1. PLACE OF DEATH:

(a) County Dade District No. 11-01

(b) Precinct _____ Precinct No. _____
(Write name, not number)

(c) City or Town Miami City or Town No. 11-510

(d) Name of hospital or institution 111 S. E. 3rd. St
(If not in hospital or institution, write street number or location)

(e) Length of stay: In hospital or institution _____
At place of death 5 Weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED

(a) State North Carolina (b) County unobt.

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

(d) Street No. 813 Cowper Drive
no (If rural, give location)

(e) Citizen of Foreign country? no yes or no
32
If yes, name country _____

3. FULL NAME OF DECEASED James Lavoisier Fulghum

3 (a) If veteran, name war W.W.#1 3 (b) Social Security No. _____

4. Sex Male 5. Color or race White

6. Single, married, widowed or divorced married

6 (a) If married, widowed or divorced, husband of (or) wife of Elizabeth

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

7. Birth date of deceased July 4 1900
(month) (day) (year)

8. Age: Years	Months	Days	If less than one day
47	3	30	hrs. _____ min. _____

9. Birthplace Valdosta, Ga.
(City, town or county) (State or foreign country)

10. Usual occupation Insurance adjuster

11. Industry or business _____

12. Name Steven Fagan Fulghum

13. Birthplace Louiseville, Ga.

14. Maiden name Julia Goode

15. Birthplace Riddleville, Ga.

16. Informant's Signature *[Signature]*

16 (a) Address 3333 N E 2nd Ave. Miami, Fla.

17. Burial, cremation or removal? St. Johns Cemetery

17 (a) Date Nov. 4, 1947 17 (b) Place Pensacola, Fla.

18. Funeral Director's Signature *[Signature]*

18 (a) Address Van Oesdel Mortuary Miami, Fla.

19. Filed 11/4/47 19 2.8 Costa
Local Registrar

MEDICAL CERTIFICATION

20. Date of Death: Month November Day 3
Year 1947 Hour 1:30 Minute _____ A. M.

21. I hereby certify that I attended the deceased from _____
19 _____ To NOV-3 19 47;
that I last saw h alive on _____ 19 _____ and

that death occurred on the date and hour stated above.

Immediate cause of death PROBABLY
CEREBRAL HEMORRHAGE

Due to (2) HYPERTENSION AND
ARTERIOSCLEROSIS

Due to _____

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

Major findings: _____
of operations _____

(Give date of operation) _____

of autopsy _____

Underline the cause to which death should be charged statistically.

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

(a) (Probably) 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 Donald J. Hanover M. D.

(a) Address Miami, Fla. Date Signed 11/4/47