

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.)

FEB 3 1972

Evelyn Williams
CHIEF, BUREAU OF VITAL STATISTICS

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

STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH FLORIDA				STATE FILE NO. 65-028133
BIRTH NO.		REGISTRAR'S NO. 5451				
1. PLACE OF DEATH a. COUNTY Dade		CODE NO. 23-162	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Florida		b. COUNTY Dade	
b. CITY, TOWN, OR LOCATION Miami		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	c. CITY, TOWN, OR LOCATION Miami		c. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Mercy Hospital			d. STREET ADDRESS 1529 S.W. 7 St			
5. NAME OF DECEASED (Type or print) JACINTO			4. DATE OF DEATH June 15 1965			
SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 11, 1892
9. AGE (In years last birthday) 73		10. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Quivican, Habana		12. CITIZEN OF WHAT COUNTRY? Cuba
3. FATHER'S NAME Tomas del Calvo			14. MOTHER'S MAIDEN NAME Aurora Gonzalez			
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE <i>Cecilia del Calvo</i> Address 12735 N. Miami Ave.		

**THIS SECTION CONTAINS
CONFIDENTIAL MEDICAL CERTIFICATION**

WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21. I attended the deceased from FEB - 1 1965 to JUN 15-65 and last saw him alive on JUN 15-65 Death occurred at 1:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS 1450 So Miami Ave Miami, Fla	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 17, 1965	23c. NAME OF CEMETERY OR CREMATORY Flagler Memorial Park	23d. LOCATION (City, town, or county) (State) Miami Florida
24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS Caballero Funeral Home 2516 S.W. 8th St.		25. DATE RECD. BY LOCAL REG. JUN 16 1965	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>