

CERTIFICATE OF DEATH
FLORIDASTATE FILE NO. '60-011063
REGISTRAR'S NO. 2661

BIRTH NO.		CODE NO. 23-16		2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE FLORIDA b. COUNTY DADE	
1 PLACE OF DEATH a. 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"/>	
d. NAME OF HOSPITAL OR INSTITUTION JACKSON MEM. HOSP		e. LENGTH OF STAY IN 1b 10 yrs		d. STREET ADDRESS 789 N. W. 13 AVE	
3 NAME OF DECEASED (Type or print) First Middle Last WILFRED CARSEY		4. DATE OF DEATH Month Day Year MAR 29, 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 22, 1980	9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (State or foreign country) NEW YORK	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no. or unknown) No		16. SOCIAL SECURITY NO. 578-16-6568		17. INFORMANT'S SIGNATURE Catherine Kennedy Address Jackson Memorial P.M. Realty	
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO PNEUMONIA, BILATERAL DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH < 3 wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) PULMONARY Tbc, INACTIVE					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 491X			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3/21/60 to 3/29/60 and last saw her/him alive on 3/29/60 Death occurred at 7:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Kenneth J. Lawden M D		22b. ADDRESS JACKSON MEMORIAL HOSPITAL		22c. DATE SIGNED #3/29/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE April 5, 1960		23c. NAME OF CEMETERY OR CREMATORY OUR LADY OF MERCY	
23d. LOCATION (City, town, or county) DADE CO		23e. (State) FLA.			
24. FUNERAL DIRECTOR'S SIGNATURE G. P. Jantier		24b. ADDRESS GALGANO FUNERAL HOME		25. DATE RECD. BY LOCAL REG. MAR 31 1960	
26. REGISTRAR'S SIGNATURE Ethel Seneshaw					

MEDICAL CERTIFICATION