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RECORDED IN THE PUBLIC RECORDS OF LEON CO. FLA. IN THE BOOK 5 PAGE 10.

JAN 30 10 1 DEPT HEALTH AND REHABILITATIVE SERVICES DIVISION OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH FLORIDA

STATE FILE NO. REGISTRAR'S NO.

TYPE, OR PRINT IN PERMANENT INK... CLEAR INSTRUCTIONS

DECEASED NAME WALLA SESSIONS JORDAN, SEX FEMALE, DATE OF DEATH OCTOBER 11, 1976, RACE WHITE, AGE 74, DATE OF BIRTH FEB. 24, 1902, COUNTY OF DEATH LEON, CITY TALLAHASSEE, HOSPITAL OR OTHER INSTITUTION TALLAHASSEE CONVALESCENT HOME, STATE OF BIRTH FLORIDA, CITIZEN OF WHAT COUNTRY USA, MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SURVIVING SPOUSE, SOCIAL SECURITY NUMBER 267-06-0645, USUAL OCCUPATION HOMEMAKER, KIND OF BUSINESS OR INDUSTRY AT HOME, RESIDENCE-STATE FLORIDA, COUNTY LEON, CITY TALLAHASSEE, STREET AND NUMBER 802 SOUTHERN STREET, FATHER LOUIE SESSIONS, MOTHER SALLIE HAMILTON, INFORMANT J. M. JORDAN, JR., MAILING ADDRESS 1625 KUHLCRE DRIVE, TALLAHASSEE, FLA. 32303

4799 DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

DR. SLOSEK

PART I. DEATH WAS CAUSED BY: (a) Pneumonia, (b) CVA with right hemiparesis, (c) Diabetes Mellitus. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 weeks, several years.

PART II. OTHER SIGNIFICANT CONDITIONS: (Probably) ACCIDENT, SUICIDE OR HOMICIDE; OR UNDETERMINED. DATE OF INJURY, HOUR, HOW INJURY OCCURRED, INJURY AT WORK, PLACE OF INJURY, LOCATION.

CERTIFICATION - PHYSICIAN: ATTENDED THE DECEASED FROM 1960 TO 10-11-76. CERTIFICATION - MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

CERTIFIER - NAME (TYPE OR PRINT) Edward F. Slosek, M.D. SIGNATURE [Signature] DEGREE OR TITLE M. D. DATE SIGNED (MONTH, DAY, YEAR) Oct 13, 1976

BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL. CEMETERY OR CREMATORY - NAME TALLAHASSEE MEMORY GARDENS, LOCATION LEON COUNTY, FLA. FUNERAL HOME - NAME AND ADDRESS CULLEY & SONS, 1737 RIGGINS ROAD, TALLAHASSEE, FLA. 32303

FUNERAL DIRECTOR SIGNATURE [Signature] #442 REGISTRAR SIGNATURE [Signature] DATE RECEIVED BY LOCAL REGISTRAR Oct 14, 1976

I certify that the above is a true and correct copy of the certificate as filed with the Leon County Health Department. (Not valid unless the raised seal is affixed.)

OCT 14 1976 Date

[Signature] Local Deputy Registrar

