STATE OF FLORIDA

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OFFICE of VITAL STATISTICS

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8101

1. PLACE OF DEATH

County Hillsborough District No. 19-01

Precinct ____ (Write name, not number) Precinct No. ____ State File No. ____

or Inc. Town ____ City or Town No. 19-510 Registered No. 520

or City Tampa, Florida. No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Alma P. Kerr

(a) Residence: No. 803 Madison St., ____ Ward ____

(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, married, widowed or divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John A. Kerr

6. DATE OF BIRTH (month, day and year) Aug. 17, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
50	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Mar. 4, 1931.

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Cabot, Ark.

FATHER

13. NAME Ben Alexander

14. BIRTHPLACE (city or town) (State or country) Ark.

MOTHER

15. MAIDEN NAME Emily Flynt

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT John G. Kerr (Address) 803 Madison, Tampa, Fla.

18. BURIAL, CREMATION, OR REMOVAL Place Myrtle Hill Date May 19, 1931.

19. UNDERTAKER [illegible] (Address) Tampa, Florida.

20. FILED May 18, 1931 M. B. Moffatt Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to May 17, 31

I last saw her alive on May 17, 31, death is said to have occurred on the date stated above, at 11:22 a.m. P. M.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify No

(Signed) [illegible] M.D.

(Address) Tampa

C. Meade Gray, State Registrar

Date Issued: JUL 18 2012

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

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DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF HEALTH

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