

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 58-029642

REGISTRAR'S NO. 315

1. PLACE OF BIRTH a. COUNTY Lee		CODE NO. 46-12		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Fla.		b. COUNTY Lee	
b. CITY, TOWN, OR LOCATION Ft. Myers		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION Rural Ft. Myers		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Lee Memorial Hospt.		f. LENGTH OF STAY IN 1b 10 days		d. STREET ADDRESS Box 564		ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Jean J. O. Dubuc			4. DATE OF DEATH Aug. 28, 1958				
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 Sept. 29, 1887	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman, Braden Sutphin St. Johnsbury, Vt.		9b. AGE (In years last birthday) 70		11. BIRTHPLACE (State or foreign country) U. S. A.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
3. FATHER'S NAME Napoleon Dubuc			14. MOTHER'S MAIDEN NAME Eulalie Bissonette				
5. 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>John E. Purvis</i> Address Ft. Myers, Fla.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic & hypertensive heart disease						5 years	
DUE TO (c) Arteriosclerosis & hypertension						unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Pneumonia						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 4200					
20c. TIME OF INJURY Hour a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 4200					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from November, 1952 to August 28, 1958 and last saw him alive on August 27, 1958 Death occurred at 8:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated							
22a. SIGNATURE <i>Charles E. Purvis, Jr.</i> (Degree or title)				22b. ADDRESS Ft. Myers, Fla.		22c. DATE SIGNED Aug. 28/58	
3a. BURIAL, CREMATION, REMOVAL (Specify)		DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		Sept. 1/58		Memorial gardens		Ft. Myers, Fla.	

MEDICAL CERTIFICATION