

CERTIFICATE OF DEATH

FLORIDA

1. PLACE OF DEATH:

(a) County Duval District No. 13-01

(b) Precinct _____ Precinct No. _____

(c) City or Town Jacksonville, Fla. City or Town No. 13-510
(Write name, not number)

(d) Name of hospital or institution 2103 Gilmore St.
(If not in hospital or institution, write street number or location)

(e) Length of stay: In hospital or institution _____
At place of death Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED

(a) State Florida (b) County Duval

(c) City or Town Jacksonville
(If outside city or town limits, write RURAL)

(d) Street No. 2103 Gilmore St.
(If rural, give location)

(e) Citizen of Foreign country? NO
yes or no

If yes, name country _____

3. FULL NAME OF DECEASED Robert Brinkley Gandy

3 (a), If veteran, name war _____ 3 (b) Social Security No. _____

4. Sex Male 5. Color or race White

6. Single, married, widowed or divorced Married

6 (a) If married, widowed or divorced, husband of (or) wife of Ethel

6 (b) Age of husband or wife, if alive 42 years

7. Birth date of deceased Aug. 25, 1893
(month) (day) (year)

8. Age: Years	Months	Days	If less than one day
<u>51</u>	<u>9</u>	<u>24</u>	hrs. min.

MEDICAL CERTIFICATION

20. Date of death: Month June Day 19th
Year 1945 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____
19 _____ To _____ 19 _____
that I last saw him alive Dead, June 19, 1945

that death occurred on the date and hour stated above.	Duration
Immediate cause of death	
<u>Sunshot wound</u>	
Due to <u>self inflicted</u>	
Due to _____	
Other conditions <small>(Include pregnancy within 3 months of death)</small>	
Major findings: of operations _____	<u>Underline the cause to which death should be charged statistically.</u>
(Give date of operation)	
of autopsy _____	

9. Birthplace Jacksonville, Fla.
(City, town or county) (State or foreign country)

10. Usual occupation Paymaster, McGiffin Coal Co.

11. Industry or business _____

12. Name unk

13. Birthplace unk

14. Maiden name unk

15. Birthplace unk

16. Informant's Signature Mrs Ethel Gandy

16 (a) Address 2103 Gilmore Avenue

17. Burial, cremation or removal? Burial

17 (a) Date June 21, 1945 (b) Place Oaklawn

18. Funeral Director's Signature Seashole Funeral Parlors

18 (a) Address 323 Riverside Avenue

19. Filed June 21, 1945
Local Registrar _____

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, homicide (specify) suicide

(b) Date of occurrence June 19th, 1945

(c) Where did injury occur? Jacksonville Duval Fla
(City or town) (County) (State)

(d) Had injury occur in or about home, on farm, in industrial place, or in public place? home
(Specify type of place)

(e) While at work? no (e) Means of injury Sunshot

23. Signature _____

(a) Address Coroner Date _____

Mother, Father