

**CERTIFICATE OF DEATH  
FLORIDA**

83-035225

LOCAL FILE NO. <b>06006</b>		STATE FILE NO.	
DECEDENT—NAME 1. <b>Carlos Paula</b>			SEX 2. <b>Male</b>
DATE OF DEATH (Mo., Day, Yr.) 3. <b>April 25, 1983</b>			
RACE—e.g., White, Black, Am. Indian, etc. (Specify) 4. <b>Black</b>	AGE—Last Birthday (Yrs.) 5a. <b>55</b>	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MINES
DATE OF BIRTH (Mo., Day, Yr.) 6. <b>November 28, 1927</b>		COUNTY OF DEATH 7a. <b>Dade</b>	
CITY, TOWN OR LOCATION OF DEATH 7b. <b>Miami</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 7c. <b>Human Resources Health Center</b>	
IF HOSP. OR INST. (Indicate DOA, OP/Emer. Rm., Inpatient (Specify)) 7d. <b>Inpatient</b>			
STATE OF BIRTH (If not in U.S.A., name country) 8. <b>Cuba</b>	CITIZEN OF WHAT COUNTRY 9. <b>Cuba</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <b>Unobtainable</b>	SURVIVING SPOUSE (If wife, give maiden name) 11. <b>Unobtainable</b>
SOCIAL SECURITY NUMBER 12. <b>261-28-2200</b>		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 13a. <b>Unobtainable</b>	KIND OF BUSINESS OR INDUSTRY 13b. <b>Unobtainable</b>
RESIDENCE—STATE 14a. <b>Florida</b>	COUNTY 14b. <b>Dade</b>	CITY, TOWN OR LOCATION 14c. <b>Miami</b>	STREET AND NUMBER 14d. <b>2500 N.W. 22nd Avenue</b>
INSIDE CITY LIMITS (Specify Yes or No) 14e. <b>No</b>			
FATHER—NAME 15. <b>Unobtainable</b>			MOTHER—MAIDEN NAME 16. <b>Unobtainable</b>
INFORMANT—NAME (Type or Print) 17. <b>Human Resources Health Center</b>		MAILING ADDRESS 17b. <b>2500 N.W. 22nd Avenue</b>	CITY OR TOWN <b>Miami</b>
		STATE <b>Florida</b>	ZIP
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 18a. <b>Burial</b>	CEMETERY OR CREMATORIAL NAME 18b. <b>Dade County Cemetery</b>	LOCATION 18c. <b>Miami</b>	CITY OR TOWN <b>Florida</b>
FUNERAL DIRECTOR—(Signature) 19a. <i>William Jackson</i>		FUNERAL HOME ADDRESS 19b. <b>Richardson; 4500 N.W. 17th Avenue; Miami, Florida 33142</b>	
20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		21a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.) 20b. <b>4/26/83</b>	HOUR OF DEATH 20c. <b>8:10 P M</b>	DATE SIGNED (Mo., Day, Yr.) 21b.	HOUR OF DEATH 21c. <b>M</b>
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 20d.		PRONOUNCED DEAD (Mo., Day, Yr.) 21d. ON	
		PRONOUNCED DEAD (Hour) 21e. AT <b>M</b>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print) 22. <b>Jose S. Bocles, M.D. 1150 N.W. 14th Street; Miami, Florida</b>			
REGISTRAR 23a. (Signature) <i>Dwight J. Jackson</i>	Sub-Registrar		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 23b. <b>APRIL 26, 1983</b>

To be Completed by  
CERTIFYING PHYSICIAN  
Only

To be Completed by  
MEDICAL EXAMINER