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STATE OF FLORIDA

BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

File No. 13658

1 PLACE OF DEATH

County Santa Rosa

Precinct #

(Write name not number)

or Inc. Town Milton

or City ______ (No. ______ St.; ______ Ward)

Registration District No. 4401

Primary Registration Dist. No. 44514

Registered No. ______

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

2 FULL NAME Henry Moses Cooper

(a) Residence. No. ______ St., ______ Ward. ______
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ~~Married~~ Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH Unknown to others (Month) (Day) (Year)

7 AGE About 75 yrs. ___ mos. ___ ds. IF LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Common Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Fla
(State or country)

10 NAME OF FATHER Unknown to others

11 BIRTHPLACE OF FATHER (City or Town) " "
(State or country)

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (City or Town) " "
(State or country)

14 Informant Charley Smith
(Address) Harold Fla

15 Filed 1/11, 1921 L M W Rhodes Registrar.

Form V. S. No. 4 20 M-3-9-19.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 12 1920

17 I HEREBY CERTIFY, That I attended deceased from ______, 19___ to ______, 19___

that I last saw h___ alive on ______, 19___

and that death occurred, on the date stated above, at ______ m.

The CAUSE OF DEATH* was as follows:

Found dead - Evidently died from Natural Causes

______ (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ______

______ (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ______

Did an operation precede death? ______ Date of ______

Was there an autopsy? No

What test confirmed diagnosis? ______

(Signed) [illegible] M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).

19 Place of Burial, Cremation, or Removal: Cooper Cemetery near Milton

Date of Burial or Removal: 12/11 1920

20 UNDERTAKER: P C Lewis

ADDRESS: Milton