LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA

BUREAU of VITAL STATISTICS

STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS BIRTH NO.	CERTIFICAT	RIDA	•	TATE FILE NO.		0100
1. PLACE OF DEATH a. COUNTY TAULOF	72 - 77	a. STATE	Flow	Where deceased lived. 1 b. COUN	Tau	residence before similarien).
b. CITY (If outside forporate limits, write BURL OR TOWN Perry Ren	4 3/LMA	c. CITY OR TOWN	Per	rate limits, write B	The 1	Parol
d. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR INSTITUTION ROAD)	street address location)	d. STREET ADDRESS	Road	give lookflon)		
1. NAME OF DECEASED (First) (Type or Print)	b. (Middle)	Willi	alms	4. DATE (Mor OF DEATH /) 2	ith) (Day	5-195-4
Mode White Marrier	O, NEVER MARRIED, ED, DIVORCED (Bootily)	Aby -1		7. AGE (In years last birthday)	77 23	Hours Min.
10a. USUAL OCCUPATION(Give kind of work lob. KIND done during most of working life, even if retired)	OF BUSINESS OR IN-	II SOIRTHPLACE	(State or foreign o	ountry)		ZEN OF WHAT
13. FATHER'S NAME George Williams		14. MOTHER'S M	AIDEN/NAME	rris		
	NO.	17. INFORMANT		Guston &	william	2
22. I hereby certify that I attended the decea		Pam, from	Mar 25'	1924, that	I last saw	the deceased
Righardre Righe	(Degree or title)	23b. ADDRESS	Zerry	Fea	23c.	25-54
Burgh 3-26-5%	ic. NAME OF CEMETER	Y OR CREMATORY	24d. 1964	TION (City, town	Flu	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		25. FUNEBAL DIR	ECTOR'S SIGNA	LURE O	ADDRES	S

, STATE REGISTRAR

DATE ISSUED: May 22, 2024 REQ: 2026537336

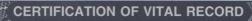
THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

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