STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 9100

BIRTH NO. REGISTRAR'S NO.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. COUNTY *Taylor*	CODE NO. 72-77	a. STATE *Florida* b. COUNTY *Taylor*
b. CITY OR TOWN (If outside corporate limits, write RURAL) *Perry Rural*	c. LENGTH OF STAY (in this place) *31 yrs.*	c. CITY OR TOWN (If outside corporate limits, write RURAL) *Perry Fla Rural*
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *Road 55*		d. STREET ADDRESS (If rural, give location) *Road 55*

3. NAME OF DECEASED (Type or Print) a. (First) *Jordan*	b. (Middle) *J.*	c. (Last) *Williams*	4. DATE OF DEATH (Month) (Day) (Year) *Mar-25-1954*
5. SEX *Male*	6. COLOR OR RACE *White*	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *Married*	8. DATE OF BIRTH *Apr-17-1879*	9. AGE (In years last birthday) *74* IF UNDER 1 YEAR Months *11* Days *23* IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Farmer*	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) *Georgia* 10	12. CITIZEN OF WHAT COUNTRY? *U.S.*

13. FATHER'S NAME *George Williams*	14. MOTHER'S MAIDEN NAME *Lizzie Norris*

15. 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. *NO*	17. INFORMANT'S SIGNATURE *Guston Williams* ADDRESS *Perry fla RT - Box 2*

22. I hereby certify that I attended the deceased from *Fa 10* 19*54*, to *Mar 25* 19*54*, that I last saw the deceased alive on *Mar 24* 19*54* and that death occurred at *3 3 a.* m., from the causes and on the date stated above.

23a. SIGNATURE *R Green MD*	(Degree or title)	23b. ADDRESS *Perry Fla*	23c. DATE SIGNED *3-25-54*
24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial*	24b. DATE *3-26-54*	24c. NAME OF CEMETERY OR CREMATORY *Woodlawn Cem*	24d. LOCATION (City, town, or county) *Perry* (State) *Fla*
DATE REC'D BY LOCAL REG. *3-29-54*	REGISTRAR'S SIGNATURE *Jessie S. Williams Deputy*	25. FUNERAL DIRECTOR'S SIGNATURE *S. W. Hendrick* ADDRESS *Perry Fla*	

Ken Jones **, STATE REGISTRAR**

DATE ISSUED: **May 22, 2024**
REQ: 2026537336

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DH FORM 1946 (08/01/2022)

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