

Film # 004026813

STATE OF FLORIDA
BUREAU OF VITAL STATISTICS

11738

1 PLACE OF DEATH

STATE BOARD OF HEALTH

File No.

County Orange

CERTIFICATE OF DEATH

Registered No.

Precinct 100
(Write name, not number)

Registration District No. 3501

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

or Inc. Town

Primary Registration Dist. No. 3551

or City Orlando

(No. P. G. Hospital St.; _____ Ward)

2 FULL NAME Mr. Joe Tierney

(a) Residence. No. New York City St. _____ Ward _____

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W. 5 Single, Married, Widowed, or Divorced married
Write the word

16 DATE OF DEATH (Month, day and year) Nov 21st 1922

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Anna Tierney

17 I HEREBY CERTIFY, That I attended deceased from Nov 11 - 1922 to Nov 21 - 1922 that I last saw him alive on Nov 21 - 1922 and that death occurred, on the date stated above, at 119 St.

6 DATE OF BIRTH (Month) _____ (Day) _____ (Year) _____

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis
involving middle & lower lobes
(duration) _____ yrs. _____ mos. _____ ds.

7 AGE About 55 yrs. mos. ds. or _____ min. IF LESS than 1 day, _____ hrs.

CONTRIBUTORY (Secondary) Person attached to liver - charity indeterminate
(duration) _____ yrs. _____ mos. _____ ds.

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

18 Where was disease contracted if not at place of death? Jacksonville Fla
Did an operation precede death? No Date of _____

9 BIRTHPLACE (city or town) (State or country) no relative information

Was there an autopsy? No
What test confirmed diagnosis? Physical signs
(Signed) J. A. Neal M. D.

10 NAME OF FATHER no relative information

11 BIRTHPLACE OF FATHER (State or country) no relative information

19 (Address)

12 MAIDEN NAME OF MOTHER no relative information

13 BIRTHPLACE OF MOTHER (State or country) no relative information

*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.)
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14 Informant (Address) Mr. Carey Hand 302 Orlando Fla

19 Place of Burial, Cremation, or Removal New York City N.Y. Date of Burial or Removal 11-25-1922

15 Filed 11-24 1922 J. A. Neal Registrar.
Form V. S. No. 4

20 UNDERTAKER Carey Hand ADDRESS Orlando Fla

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

