

# Lee County Health Department

POST OFFICE BOX 1226



TELEPHONE 332-1747

LEE COUNTY OFFICE BUILDING ANNEX  
2055 Anderson Avenue  
Corner Anderson & Heitman Streets  
Fort Myers, Florida

## CERTIFICATE OF DEATH FLORIDA

Department of Health and Rehabilitative Services  
DIVISION OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO. \_\_\_\_\_  
REGISTRAR'S NO. 1137

TYPE OR PRINT IN  
PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

|   |  |   |  |
|---|--|---|--|
| 1 DECEASED—NAME<br><b>Harry Lewis</b>   |  | SEX<br><b>Male</b>  | DATE OF DEATH (MONTH, DAY, YEAR)<br><b>Oct. 11, 1972</b> |
| RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))<br><b>White</b>  |  | AGE—LAST BIRTHDAY (YEARS, MOS., DAYS)<br><b>79</b>  | DATE OF BIRTH (MONTH, DAY, YEAR)<br><b>Nov. 18, 1892</b> |
| 4 CITY, TOWN, OR LOCATION OF DEATH<br><b>Fort Myers</b>   |  | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)<br><b>DOA Lee Memorial Hospital</b> |  |
| 7a STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY)<br><b>New York</b>   |  | 11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)<br><b>Isabelle Lewis (Tierney)</b>                                |  |
| 8 SOCIAL SECURITY NUMBER<br><b>057-05-1744</b>  |  | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)<br><b>married</b>  |  |
| 12 USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.<br><b>Florida</b>   |  | 13b USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)<br><b>Auditor</b>      |  |
| 14a RESIDENCE—STATE<br><b>Florida</b>   |  | 14b RESIDENCE—CITY, TOWN, OR LOCATION<br><b>St. Petersburg</b>  |  |
| 15 FATHER—NAME<br><b>Thomas Lewis</b>   |  | 16 MOTHER—MAIDEN NAME<br><b>Catherine (unknown)</b>   |  |
| 17a INFORMANT—NAME<br><b>Mrs. Isabelle Lewis</b>  |  | 17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)<br><b>St. Petersburg, Florida</b>            |  |
| PART I. DEATH WAS CAUSED BY—<br>IMMEDIATE CAUSE<br>(a) <b>Arteriosclerotic heart disease</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br><br>CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST<br>(b) _____<br>DUE TO, OR AS A CONSEQUENCE OF:<br>(c) _____ |  |   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH             |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)  |  |   | AUTOPSY (YES OR NO)<br><b>No</b>                         |
| 18a PROBABILITY: ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED (SPECIFY)   |  | 18b DATE OF INJURY (MONTH, DAY, YEAR) HOUR  |  |
| 19a INJURY AT WORK (SPECIFY YES OR NO)  |  | 19b PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)                                  |  |
| 20a CERTIFICATION—PHYSICIAN<br>I ATTENDED THE DECEASED FROM _____ TO _____  |  | 20b AND LAST SAW HIM/HER ALIVE ON _____ MONTH _____ DAY _____ YEAR  |  |
| 21a CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED   |  | 21b THE DECEASED WAS PROHOUNCED DEAD _____ MONTH _____ DAY _____ YEAR   |  |
| 22a CERTIFIER—NAME (TYPE OR PRINT)<br><b>Heinrich O. E. Schmid, M.D.</b>  |  | 22b SIGNATURE<br><i>Heinrich O. E. Schmid</i>   |  |
| 23a MAILING ADDRESS—CERTIFIER<br><b>P. O. Box 278, Fort Myers, FL 33902</b>   |  | 23b DATE SIGNED (MONTH, DAY, YEAR)<br><b>10/12/72</b>   |  |
| 24a BURIAL, CREMATION, REMOVAL (SPECIFY)<br><b>Removal</b>  |  | 24b CEMETERY OR CREMATORY—NAME<br><b>Memorial Park Cem.</b>   |  |
| 25a DATE<br><b>Oct. 12, 1972</b>  |  | 25b FUNERAL HOME—NAME AND ADDRESS<br><b>Leo W. Engelhardt, 2017 McGregor Blvd. Ft. Myers, Fla.</b>                |  |
| 26a PRIOR SIGNATURE—SIGNATURE<br><i>John D. McCall</i>  |  | 26b REGISTERAR—SIGNATURE<br><i>Madie T. Wanner</i>  |  |

I hereby certify the above to be a true and correct copy of the Local Registrar's record on file in the Office of the Lee County Health Department at Fort Myers, Florida.  
(WARNING: Not valid unless raised seal of the LEE COUNTY HEALTH DEPARTMENT is affixed.)

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A

County Health Officer and Local Registrar  
 Attested: *Dorothy E. ...*  
 Date: Oct. 16, 1972