

OFFICE of VITAL STATISTICS

FL

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FLORIDA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 31

1. PLACE OF DEATH  
 County Hillsborough District No. 19-01 State File No. 11100  
 Precinct \_\_\_\_\_ Precinct No. \_\_\_\_\_ Registered No. 680  
 City or Town No. 19-511  
 City Tampa Fla No. 409 Oak Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 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.

2. FULL NAME Calisto Eugenio Sanchez Garcia  
 (a) Residence: No. 409 Oak Ave St. \_\_\_\_\_ Ward Resident

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 1. COLOR OR RACE White 5. Single, married, widowed or divorced (write the word) married  
 5a. If married, widowed or divorced HUSBAND of (or) WIFE of Helen Whyte Sanchez  
 6. DATE OF BIRTH (month, day and year) Sept 12 1893  
 7. AGE Years 36 Months 10 Days 1 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Chancellor  
 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cuban Consulate  
 10. Deceased last worked at this occupation (month and year) July 17 1930 11. Total time (years) spent in this occupation 10 yr  
 12. BIRTHPLACE (city or town) (State or country) Cuba  
 13. NAME Calisto Sanchez Agromonte  
 14. BIRTHPLACE (city or town) (State or country) Cuba  
 15. MAIDEN NAME Celia Garcia  
 16. BIRTHPLACE (city or town) (State or country) Cuba  
 17. INFORMANT Helen W Sanchez (Address) 409 - Oak Ave  
 18. BURIAL, CREMATION, OR REMOVAL Place Marana Cuba Date July 20 1930  
 19. UNDERTAKER St. Peter Church (Address) Saint Peter Church  
 20. FILED July 19 1930 M. A. Moffatt Registrar

21. DATE OF DEATH (month, day, and year) July 17 1930  
 22. I HEREBY CERTIFY, That I attended deceased from July 17 1930 to July 17 1930  
 I last saw him/her alive on July 17 1930 death is said to have occurred on the date stated above, at 9 P.M.  
 The principal cause of death and related causes of importance in order of onset were as follows:  
Tuberculosis of the lungs Date of onset \_\_\_\_\_  
 Contributory causes of importance not related to principal cause Haemoptysis  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence) fill in also the following:  
 Accider suicide, or homicide? Date of injury \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. G. G. G. M.D.  
 (Address) 1510 - 8th Ave

VOID IF ALTERED OR ERASED

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C. Meade G. G. G., State Registrar

Date Issued: FEB 04 2011

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WARNING:



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DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD

