

OFFICE of VITAL STATISTICS
CERTIFIED COPY

State Board of Health of Florida
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
County *Escambia* FILE NO. *6810*
REGISTRATION DISTRICT NO. *1401*
or Precinct (Write name, not number) REGISTERED No. *362*
or Inc. Tract PRIMARY REGISTRATION DIST. No. *14511*
or City *Pensacola* (Municipality) *Pensacola Hospital* (Hospital or Institution, give its NAME, street, if street and number.)
FULL NAME *Mark Allford*

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* COLOR OR RACE *W* MARRIAGE *Married* DATE OF DEATH *July 17 1918*
(Month) (Day) (Year)

DATE OF BIRTH *Aug 12 1857*
(Month) (Day) (Year)

AGE *57* IF LESS than 1 day, hrs. min. or, wks. 1 day, hrs. min.

OCCUPATION (a) Trade, profession, or particular kind of work *Labo*
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) *Ala*

PARENTS
10 NAME OF FATHER *Wm Allford*
11 BIRTHPLACE OF FATHER (State or country) *Ala*
12 MAIDEN NAME OF MOTHER *Susie Maddox*
13 BIRTHPLACE OF MOTHER (State or country) *Ala*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Signature) *Brent Allford*
(Address) *Pensacola*

15 DATE OF BIRTH *July 19 1918*
(Month) (Day) (Year)

16 PLACE OF BURIAL OR REMOVAL *Milton Fla* DATE OF BURIAL OR REMOVAL
17 UNDERTAKER *R. B. Dan* ADDRESS *City*

MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY, that I attended deceased from *July 16 1918* to *July 17 1918*
and that death occurred, on the date stated above, at *2:30*
The CAUSE OF DEATH was as follows:
Obstruction of the Bowels

Contributor (Signature) *J. W. Thigpen*
(Address) *Pensacola*

18 STATE OF DEATH (1) DISEASE (2) ACCIDENTAL (3) SCISSOR (4) HOMICIDE
19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TEMPORARY, OR RECENT RESIDENTS)
At place of death *27* hrs. min. In the State *27* hrs. min. In the country *27* hrs. min.

Where was disease contracted?
At place of death?

20 PLACE OF BURIAL OR REMOVAL *Milton Fla* DATE OF BURIAL OR REMOVAL
21 UNDERTAKER *R. B. Dan* ADDRESS *City*

Form V-5, No. 4 (Rev. 3-11-16 D)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY **FEB 06 2002**

C. Meade Suggs
State Registrar

WARNING:
13200773

THIS DOCUMENT IS PRINTED OR PHOTOGRAPHED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND BEALS IN THERMO-CHROMIC INK.



DOH FORM 1964 (10-68)

VOID IF ALTERED OR ERASED

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