

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

FL **FL**

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: [REDACTED]

DECEDENT INFORMATION

NAME: JOAN RENE MCLAUGHLIN

DATE OF DEATH: [REDACTED]

DATE OF BIRTH: [REDACTED]

PLACE OF DEATH: [REDACTED]

SEX: FEMALE SSN: [REDACTED]

BIRTHPLACE: [REDACTED]

HOSPITAL: [REDACTED]

COUNTY: [REDACTED]

DATE ISSUED: [REDACTED]

DATE FILED: [REDACTED]

