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

BUREAU of VITAL STATISTICS





## CERTIFICATION OF DEATH

#### STATE FILE NUMBER:

### **DECEDENT INFORMATION**

NAME: MILDRED HINES CARTER

AKA: MILDRED H CARTER

DATE OF DEATH

DATE OF BIRTH:

PLACE OF DEATH

FACILITY NAME OR STREET ADDRESS:

LOCATION OF DEATH:

#### **DATE ISSUED:**

STATE FILE DATE: '

SEX: FEMALE SSN:

AGE

BIRTHPLACE: COLUMBIA COUNTY, FLORIDA, UNITED STATES

### SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

PARENTS AND INFORMANT INFORMATION

