

OFFICE of VITAL STATISTICS

CERTIFIED COPY

Form 100
Rev. 1-64
Printed by
State of Florida

CERTIFICATE OF DEATH FLORIDA

LOCAL FILE NO.		DECEDENT'S NAME		SEX	
		FIRST Lottie	MIDDLE Ree	LAST Roberson	
3 DATE OF DEATH (Month, Day, Year)		4 SOCIAL SECURITY NUMBER		5a AGE Last Birthday	
6 PLACE OF DEATH (Check only one - see instructions on other side)		7a INSIDE CITY LIMITS (Yes or No)		7b OUTSIDE CITY LIMITS (Yes or No)	
HOSPITAL ☒ Dispensary ☐ Privately ☐ DCA ☐ OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)				Yes	
8a FACILITY NAME (If not institution, give street and number)		8b CITY, TOWN, OR VILLAGE OF DEATH		8c COUNTY OF DEATH	
9a DECEASED'S USUAL OCCUPATION		9b KIND OF BUSINESS ESTABLISHMENT		9c DECEASED'S USUAL RESIDENCE	
10a DECEASED'S USUAL RESIDENCE		10b CITY, TOWN, OR VILLAGE OF DEATH		10c COUNTY OF DEATH	
11a DECEASED'S USUAL RESIDENCE		11b CITY, TOWN, OR VILLAGE OF DEATH		11c COUNTY OF DEATH	
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BY

Willie Dean Mayo

State Registrar

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