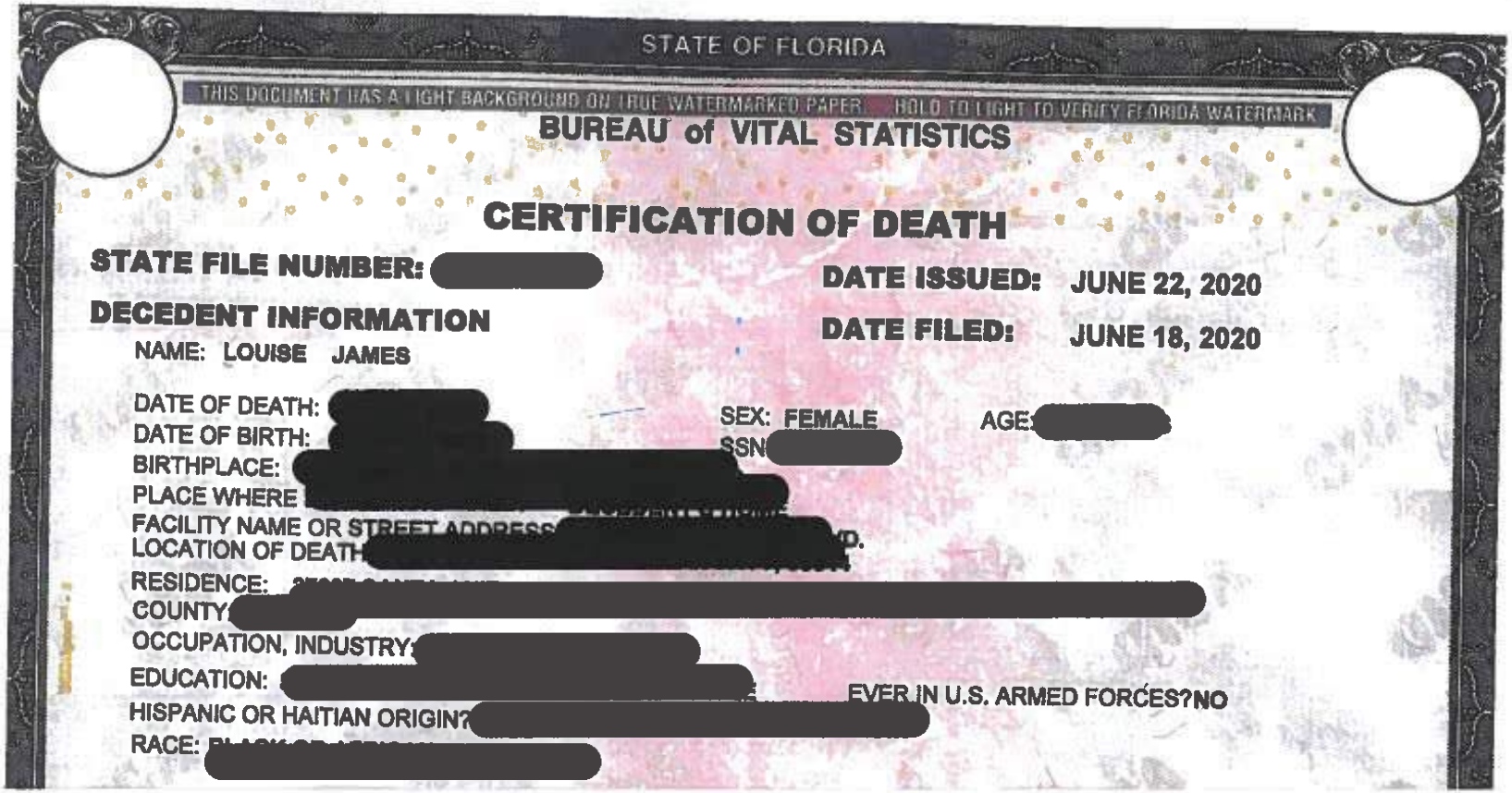

STATE OF FLORIDA

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

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: [redacted]

DATE ISSUED: JUNE 22, 2020

DATE FILED: JUNE 18, 2020

DECEDENT INFORMATION

NAME: LOUISE JAMES

DATE OF DEATH: [redacted]

SEX: FEMALE AGE: [redacted]

DATE OF BIRTH: [redacted]

SSN [redacted]

BIRTHPLACE: [redacted]

PLACE WHERE [redacted]

FACILITY NAME OR STREET ADDRESS [redacted]

LOCATION OF DEATH [redacted]

RESIDENCE: [redacted]

COUNTY [redacted]

OCCUPATION, INDUSTRY: [redacted]

EDUCATION: [redacted]

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? [redacted]

RACE: [redacted]