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:**

**DATE ISSUED:**

**DATE FILED:**

**DECEDENT INFORMATION**

NAME: **MABEL OLIVE BAILEY**

DATE OF DEATH:

AGE:

DATE OF BIRTH:

BIRTHPLACE:

PLACE WHERE DEATH OCCURRED:

FACILITY NAME OR STREET ADDRESS:

LOCATION OF DEATH: **LAKE CITY, COLUMBIA COUNTY, 32024**