

CERTIFICATE OF DEATH

04 04 DATE OF DEATH FEB 15 1952 LOCAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>Dela</i>		2. USUAL RESIDENCE A. STATE <i>Arg</i>		3. NAME OF DECEASED (TYPE OR PRINT) <i>Joseph Egbert Colley</i>		4. SEX <i>Male</i>		5. COLOR OR RACE <i>White</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Miami</i>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA OR OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>11 yrs. 52 d.</i>		6. MARRIED NEVER MARRIED DIVORCED <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR <i>May 25 1884</i>		8. AGE YEARS MONTHS DAYS <i>67 9 18</i>	
PERSONAL DATA 1/67 4 252	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Miami - Ave Hosp.</i>		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Secretary Chief Mechanic</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>W. V.</i>		11. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>	
	E. NAME OF INSTITUTION <i>Miami - Ave Hosp.</i>		13. SOCIAL SECURITY NO.		14. BIRTHPLACE (STATE OR COUNTRY) <i>W. V.</i>		15. MOTHER'S MAIDEN NAME <i>Julia Grayson</i>		16. INFORMANT'S SIGNATURE <i>W. H. ...</i>	
CAUSE OF DEATH OF DEATH ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, URIC ACIDEMIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS. 19A. DATE OF OPERATION <i>None.</i>		19B. MAJOR FINDINGS OF OPERATION <i>None.</i>		19C. DATE OF OPERATION <i>None.</i>		19D. MAJOR FINDINGS OF OPERATION <i>None.</i>		19E. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
	19A. DATE OF OPERATION <i>None.</i>		19B. MAJOR FINDINGS OF OPERATION <i>None.</i>		19C. DATE OF OPERATION <i>None.</i>		19D. MAJOR FINDINGS OF OPERATION <i>None.</i>		19E. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
MEDICAL HISTORY OPERATION'S IDENTIFICATION	21A. ACCIDENT SUICIDE HOMICIDE <i>None</i>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>None</i>		21C. (CITY OR TOWN) (COUNTY) (STATE) <i>Miami Dade FL</i>		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) <i>13 Feb 52 13 PM 52</i>		21E. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>13 Feb 52</i> TO <i>13 Feb 52</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>13 Feb 52</i> AND THAT DEATH OCCURRED AT <i>12 P. M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <i>J. A. ...</i>		23B. ADDRESS (DEGREE OR TITLE) <i>Miami Dade</i>		23C. DATE SIGNED <i>14 Feb 52</i>		23D. DATE SIGNED <i>14 Feb 52</i>	
REGISTRAR AND REGISTRAR	24A. BURIAL CREMATION REMOVAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24B. DATE <i>FEB 15 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Miami Dade</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Dade FL</i>		24E. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Dade FL</i>	
	25A. DATE REC'D BY LOCAL REG. <i>FEB 15 1952</i>		25B. REGISTRAR'S SIGNATURE <i>...</i>		25C. REGISTRAR'S SIGNATURE <i>...</i>		25D. REGISTRAR'S SIGNATURE <i>...</i>		25E. REGISTRAR'S SIGNATURE <i>...</i>	