

CERTIFICATE OF DEATH

25537

FLORIDA

STATE FILE NO. _____

BIRTH NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY <u>Orange</u>		CODE NO. <u>511</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Florida</u> b. COUNTY <u>Orange</u>
b. CITY OR TOWN <u>Orlando</u> (If outside corporate limits, write RURAL)		c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY OR TOWN <u>Orlando</u> (If outside corporate limits, write RURAL)
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Orange Memorial Hospital</u> (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) <u>2207 Mayfair Circle</u>	
3. NAME OF DECEASED a. (First) <u>Michael</u> b. (Middle) <u>J.</u> c. (Last) <u>Doolin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 7, 1880</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentist</u>	11. BIRTHPLACE (State or foreign country) <u>Ashland, Penn. 18.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>James Doolin</u>	
14. MOTHER'S MAIDEN NAME <u>Anna Kennedy</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE <u>Wm. J. L. ...</u> ADDRESS <u>Orlando, Fla.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication to which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Ruptured Appendix</u>		DUE TO (c) <u>Arterio Sclerotic vascular</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Disease - Left hemiplegia</u>			
19a. DATE OF OPERATION <u>10-29-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ruptured Appendix & Peritonitis 5501-34</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21b. CITY OR TOWN (COUNTY) (STATE)		21c. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>10-28-1951</u> , to <u>11-1-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-1, 1951</u> , and that death occurred at <u>12:21</u> -m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. J. Mitchell M.D.</u> (Degree or title)		23b. ADDRESS <u>Orlando Fla</u>	
23c. DATE SIGNED <u>11-2-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 5, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Orlando, Fla.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 3, 1951</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Guy ...</u> ADDRESS <u>Orlando, Fla.</u>	